



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits Section – Bay and Central Region
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January 25, 2008

Alfredo Aguirre, Director
San Diego County Mental Health Services
Department of Health and Human Services Agency
P.O. Box 85524
San Diego, CA 92186-5524

Dear Mr. Aguirre:

AUDIT REPORT – SAN DIEGO COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of San Diego County Mental Health Services for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

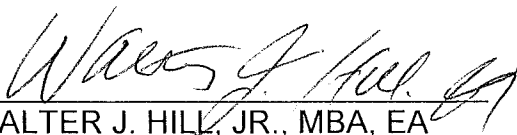
The effect of this revised allowable program costs is as follows:

	<u>Settled</u>	<u>Net Program Costs</u> <u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 46,571,359	\$ 44,288,287	\$ (2,283,072)
Federal Share of Healthy Families/Medi-Cal	\$ 111,926	\$ 12,925	\$ (99,001)
State General Funds EPSDT Due State	\$ 19,114,298	\$ 18,113,713	\$ (1,000,585)

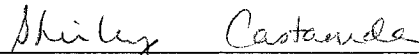
Alfredo Aguirre, Director
January 25, 2008
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If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,



WALTER J. HILL, JR., MBA, EA
Chief of Audits



SHIRLEY CASTANEDA, Supervisor
Audits Section – Bay & Central Region

Enclosures

CERTIFIED MAIL

SCHEDULE 1

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP		\$ 19,333,540	\$ (565,930)	\$ 18,767,610
HEALTHY FAMILIES - FFP		49,184	(44,239)	4,945
TOTAL FFP - COUNTY PROVIDER	(Sch. 2a)	<u>\$ 19,382,724</u>	<u>\$ (610,169)</u>	<u>\$ 18,772,555</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 27,237,819	\$ (1,717,142)	\$ 25,520,677
HEALTHY FAMILIES - FFP		62,742	(54,762)	7,980
TOTAL FFP - CONTRACT PROVIDER	(Sch. 3)	<u>\$ 27,300,561</u>	<u>\$ (1,771,904)</u>	<u>\$ 25,528,657</u>
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS				
MEDI-CAL - FFP		\$ 46,571,359	\$ (2,283,072)	\$ 44,288,287
HEALTHY FAMILIES - FFP		111,926	(99,001)	12,925
TOTAL FFP		<u>\$ 46,683,285</u>	<u>\$ (2,382,073)</u>	<u>\$ 44,301,212</u>
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch. 4)	<u>\$ 19,114,298</u>	<u>\$ (1,000,585)</u>	<u>\$ 18,113,713</u>

SCHEDULE 2

**SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
Total Medi-Cal Gross Reimbursement				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	25,021,980	(349,836)	24,672,144
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	71,706	(15,759)	55,947
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	74,705	(68,912)	5,793
9. Total		<u>\$ 25,168,391</u>	<u>\$ (434,507)</u>	<u>\$ 24,733,884</u>

Less: Patient & Other Payor Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	0	18,623	18,623
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 0</u>	<u>\$ 18,623</u>	<u>\$ 18,623</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	25,093,686	(384,218)	24,709,468
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	74,705	(68,912)	5,793
25. Total		<u>\$ 25,168,391</u>	<u>\$ (453,130)</u>	<u>\$ 24,715,261</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 379,738	\$ (64,407)	\$ 315,331
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	467,369	79,354	546,723
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	245,238	(9,488)	235,750
29. Total		<u>\$ 1,092,345</u>	<u>\$ 5,459</u>	<u>\$ 1,097,804</u>

SCHEDULE 2a

**SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 14,461,375	\$ (659,099)	\$ 13,802,276
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 9,123,074	\$ (634,017)	\$ 8,489,057
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 9,123,074</u>	<u>\$ (634,017)</u>	<u>\$ 8,489,057</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 17,062	\$ (15,261)	\$ 1,801
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 5,697	\$ 5,697
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 1,801</u>	<u>\$ 1,801</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 314,643	\$ (41,803)	\$ 272,840
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 2,509,962</u>	<u>\$ (333,466)</u>	<u>\$ 2,176,496</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 12,626,756	\$ (40,117)	\$ 12,586,639
46. Enhanced (Children)	(MH1979, Ln 17,17A)	46,802	(10,352)	36,450
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	607,482	358	607,840
49. Administrative Reimbursement	(MH1979, Ln 6)	4,561,537	(317,009)	4,244,529
50. U.R. Skilled Professional	(MH1979, Ln 14)	235,982	(31,352)	204,630
51. U.R. Other	(MH1979, Ln 15)	1,254,981	(166,733)	1,088,248
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 19,333,540</u>	<u>\$ (565,205)</u>	<u>\$ 18,768,335</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj # 172)	<u>0</u>	<u>(725)</u>	<u>725</u>

56. Total SD/MC Reimbursement - FFP		<u>\$ 19,333,540</u>	<u>\$ (564,480)</u>	<u>\$ 18,767,610</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 49,184	\$ (45,414)	\$ 3,770
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	1,175	1,175
60. Total Healthy Families Reimbursement - FFP		<u>\$ 49,184</u>	<u>\$ (44,239)</u>	<u>\$ 4,945</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 19,382,724</u>	<u>\$ (608,719)</u>	<u>\$ 18,772,555</u>
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(To Sch. 1)

Legal Entity	Number	Legal Entity	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			Regular M/Cal and EPSDT Gross Cost	EPSDT Enhanced - Children Gross Cost	Enhanced - Refugees Gross Cost	Total Gross Cost (Excl. HFP)	Healthy Families Gross Cost	Regular M/Cal and EPSDT Gross Cost	EPSDT Enhanced - Children Gross Cost	Enhanced - Refugees Gross Cost	Total Gross Cost (Excl. HFP)	Healthy Families Gross Cost
				I N P	A T I	E N T		O U T	P A T	E N T		
			(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
108	Telecare Corporation	\$	0 \$	0 \$	0 \$	0 \$	0 \$	3,153,568 \$	0 \$	0 \$	3,153,568 \$	0
130	Children's Hospital	\$	0 \$	0 \$	0 \$	0 \$	0 \$	2,833,156 \$	20,686 \$	0 \$	2,853,842 \$	2,617
131	UPAC	\$	0 \$	0 \$	0 \$	0 \$	0 \$	1,505,699 \$	15,191 \$	0 \$	1,520,890 \$	150
132	San Diego Center for Children	\$	0 \$	0 \$	0 \$	0 \$	0 \$	976,391 \$	0 \$	0 \$	976,391 \$	2,495
133	UCSD - Gifford	\$	964,397 \$	0 \$	0 \$	964,397 \$	0 \$	1,097,020 \$	6,705 \$	0 \$	1,103,725 \$	0
137	Neighborhood House	\$	0 \$	0 \$	0 \$	0 \$	0 \$	901,052 \$	0 \$	0 \$	901,052 \$	0
259	Catholic Charities	\$	0 \$	0 \$	0 \$	0 \$	0 \$	32,242 \$	0 \$	0 \$	32,242 \$	0
427	Episcopal Community Services	\$	0 \$	0 \$	0 \$	0 \$	0 \$	199,753 \$	0 \$	0 \$	199,753 \$	0
136	New Alternative	\$	0 \$	0 \$	0 \$	0 \$	0 \$	9,712,181 \$	16,528 \$	0 \$	9,728,709 \$	1,033
138	Mental Health Systems	\$	0 \$	0 \$	0 \$	0 \$	0 \$	6,734,888 \$	7,201 \$	0 \$	6,742,089 \$	0
141	San Ysidro Health	\$	0 \$	0 \$	0 \$	0 \$	0 \$	1,494,816 \$	1,415 \$	0 \$	1,496,231 \$	123
142	Community Research Foundation	\$	0 \$	0 \$	0 \$	0 \$	0 \$	8,275,806 \$	14,323 \$	0 \$	8,290,129 \$	1,010
432	Paradise Valley Hospital	\$	0 \$	0 \$	0 \$	0 \$	0 \$	674,201 \$	11,722 \$	0 \$	685,923 \$	0
435	Adult Protective Services	\$	0 \$	0 \$	0 \$	0 \$	0 \$	653,459 \$	0 \$	0 \$	653,459 \$	0
472	Deveraux Foundation	\$	0 \$	0 \$	0 \$	0 \$	0 \$	1,013,154 \$	0 \$	0 \$	1,013,154 \$	0
663	United Behavioral Health	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
709	Aspen Community Services	\$	0 \$	0 \$	0 \$	0 \$	0 \$	364,019 \$	5,537 \$	0 \$	369,556 \$	0
736	Vista Hill Foundation	\$	0 \$	0 \$	0 \$	0 \$	0 \$	1,200,072 \$	26,349 \$	0 \$	1,226,421 \$	0
795	Psychiatric Emergency Response	\$	0 \$	0 \$	0 \$	0 \$	0 \$	312,946 \$	654 \$	0 \$	313,600 \$	0
796	Logan Heights Family Center	\$	0 \$	0 \$	0 \$	0 \$	0 \$	596,181 \$	14,492 \$	0 \$	610,673 \$	400
830	North County Lifeline	\$	0 \$	0 \$	0 \$	0 \$	0 \$	473,666 \$	2,789 \$	0 \$	476,455 \$	0
844	Palomar Family Counseling	\$	0 \$	0 \$	0 \$	0 \$	0 \$	579,472 \$	2,057 \$	0 \$	581,529 \$	0
903	Casa De Amparo, Inc	\$	0 \$	0 \$	0 \$	0 \$	0 \$	300,875 \$	0 \$	0 \$	300,875 \$	0
904	San Diego Center for Children	\$	0 \$	0 \$	0 \$	0 \$	0 \$	1,057,247 \$	2,396 \$	0 \$	1,059,643 \$	0
936	Children, Youth & Family	\$	0 \$	0 \$	0 \$	0 \$	0 \$	1,346,304 \$	0 \$	0 \$	1,346,304 \$	4,128
966	San Diego Youth & Community	\$	0 \$	0 \$	0 \$	0 \$	0 \$	613,187 \$	13,109 \$	0 \$	626,296 \$	264
967	South Bay Community Service	\$	0 \$	0 \$	0 \$	0 \$	0 \$	524,812 \$	8,825 \$	0 \$	533,637 \$	0
968	Social Advocates for Youth	\$	0 \$	0 \$	0 \$	0 \$	0 \$	325,355 \$	2,213 \$	0 \$	327,568 \$	0
996	North County Interfaith	\$	0 \$	0 \$	0 \$	0 \$	0 \$	91,746 \$	0 \$	0 \$	91,746 \$	0
1013	YMCA of San Diego County	\$	0 \$	0 \$	0 \$	0 \$	0 \$	221,219 \$	7,610 \$	0 \$	228,829 \$	0
1025	Walden Family Services, Inc	\$	0 \$	0 \$	0 \$	0 \$	0 \$	440,344 \$	0 \$	0 \$	440,344 \$	0
1026	Trinity Children & Family Svcs	\$	0 \$	0 \$	0 \$	0 \$	0 \$	224,420 \$	0 \$	0 \$	224,420 \$	0
1059	SanDiego Unified School District	\$	0 \$	0 \$	0 \$	0 \$	0 \$	60,891 \$	0 \$	0 \$	60,891 \$	0
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SAN DIEGO COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDICAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP)	(12) Healthy Families Revenue	(13) Total Revenue (Excl. HFP)	(14) Healthy Families Revenue	(15) Total Net Cost (Excl. HFP)	(16) Net Cost Healthy Families	(17) Total Net Cost (Excl. HFP)	(18) Net Cost Healthy Families	(19) Total MAA FFP
		INPATIENT		OUTPATIENT		INPATIENT		OUTPATIENT		Reimbursement
		(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979, Ln 11-13)
108	Telecare Corporation	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,153,568	\$ 0	\$ 0
130	Children's Hospital	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,853,842	\$ 2,617	\$ 0
131	UPAC	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,520,890	\$ 150	\$ 42,317
132	San Diego Center for Children	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 976,391	\$ 2,495	\$ 0
133	UCSD - Gifford	\$ 0	\$ 0	\$ 0	\$ 0	\$ 964,397	\$ 0	\$ 1,103,725	\$ 0	\$ 0
137	Neighborhood House	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 901,052	\$ 0	\$ 0
259	Catholic Charities	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 32,242	\$ 0	\$ 0
427	Episcopal Community Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 199,753	\$ 0	\$ 0
136	New Alternative	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 9,728,709	\$ 1,033	\$ 0
138	Mental Health Systems	\$ 0	\$ 0	\$ 1,372	\$ 0	\$ 0	\$ 0	\$ 6,740,717	\$ 0	\$ 0
141	San Ysidro Health	\$ 0	\$ 0	\$ 2,349	\$ 0	\$ 0	\$ 0	\$ 1,493,882	\$ 123	\$ 8,820
142	Community Research Foundation	\$ 0	\$ 0	\$ 1,894	\$ 0	\$ 0	\$ 0	\$ 8,288,235	\$ 1,010	\$ 19,624
432	Paradise Valley Hospital	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 685,923	\$ 0	\$ 0
435	Adult Protective Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 653,459	\$ 0	\$ 2,521
472	Deveraux Foundation	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,013,154	\$ 0	\$ 0
663	United Behavioral Health	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 275,378
709	Aspen Community Services	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 369,556	\$ 0	\$ 0
736	Vista Hill Foundation	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,226,421	\$ 0	\$ 0
795	Psychiatric Emergency Response	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 313,600	\$ 0	\$ 0
796	Logan Heights Family Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 610,673	\$ 400	\$ 0
830	North County Lifeline	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 476,455	\$ 0	\$ 0
844	Palomar Family Counseling	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 581,529	\$ 0	\$ 0
903	Casa De Amparo, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 300,875	\$ 0	\$ 0
904	San Diego Center for Children	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,059,643	\$ 0	\$ 0
936	Children, Youth & Family	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,346,304	\$ 4,128	\$ 0
966	San Diego Youth & Community	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 626,296	\$ 264	\$ 0
967	South Bay Community Service	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 533,637	\$ 0	\$ 0
968	Social Advocates for Youth	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 327,568	\$ 0	\$ 0
996	North County Interfaith	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 91,746	\$ 0	\$ 10,454
1013	YMCA of San Diego County	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 228,829	\$ 0	\$ 0
1025	Walden Family Services, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 440,344	\$ 0	\$ 0
1026	Trinity Children & Family Svcs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 224,420	\$ 0	\$ 0
1059	San Diego Unified School District	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 60,891	\$ 0	\$ 0
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
GRAND TOTAL		\$ 0	\$ 0	\$ 5,615	\$ 0	\$ 964,397	\$ 0	\$ 48,164,329	\$ 12,220	\$ 359,114

SAN DIEGO COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDICAL COST
FISCAL PERIOD ENDED JUNE 30, 2003

Legal Entity Number	Legal Entity	(20) Neg. Rates Exceed Costs (Excl. HFP)	(21) Neg. Rates Exceed Costs Healthy Families	(22) Neg. Rates Exceed Costs (Excl. HFP)	(23) Neg. Rates Exceed Costs Healthy Families	(24) Total SD/MC Reimbursement (FFP)	(25) Healthy Families Reimbursement (FFP)	(26) Total Reimbursement (FFP)	(27) FFP Contract Maximum	(28) Lower of FFP or Contract Maximum
		INPATIENT		OUTPATIENT		(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
		(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)					
108	Telecare Corporation	\$ 0	\$ 0	\$ 0	\$ 0	1,623,832	\$ 0	1,623,832	5,608,357	1,623,832
130	Children's Hospital	\$ 0	\$ 0	\$ 0	\$ 0	1,470,623	1,720	1,472,343	3,454,188	1,472,343
131	UPAC	\$ 0	\$ 0	\$ 0	\$ 0	825,984	98	826,082	970,495	826,082
132	San Diego Center for Children	\$ 0	\$ 0	\$ 0	\$ 0	502,531	1,645	504,176	1,594,312	504,176
133	UCSD - Gifford	\$ 0	\$ 0	72,076	\$ 0	1,045,289	\$ 0	1,045,289	3,859,657	1,045,289
137	Neighborhood House	\$ 0	\$ 0	\$ 0	\$ 0	465,036	\$ 0	465,036	718,587	465,036
259	Catholic Charities	\$ 0	\$ 0	\$ 0	\$ 0	16,578	\$ 0	16,578	33,750	16,578
427	Episcopal Community Services	\$ 0	\$ 0	\$ 0	\$ 0	102,684	\$ 0	102,684	528,680	102,684
136	New Alternative	\$ 0	\$ 0	\$ 0	\$ 0	4,999,965	671	5,000,636	7,614,839	5,000,636
138	Mental Health Systems	\$ 0	\$ 0	\$ 0	\$ 0	3,472,983	\$ 0	3,472,983	6,257,430	3,472,983
141	San Ysidro Health	\$ 0	\$ 0	\$ 0	\$ 0	775,918	81	775,999	1,638,890	775,999
142	Community Research Foundation	\$ 0	\$ 0	406,949	51	4,182,340	644	4,182,984	7,743,264	4,182,984
432	Paradise Valley Hospital	\$ 0	\$ 0	\$ 0	\$ 0	353,619	\$ 0	353,619	413,750	353,619
435	Adult Protective Services	\$ 0	\$ 0	\$ 0	\$ 0	337,910	\$ 0	337,910	415,888	337,910
472	Deveraux Foundation	\$ 0	\$ 0	\$ 0	\$ 0	523,764	\$ 0	523,764	1,247,274	523,764
663	United Behavioral Health	\$ 0	\$ 0	\$ 0	\$ 0	275,378	\$ 0	275,378	335,000	275,378
709	Aspen Community Services	\$ 0	\$ 0	\$ 0	\$ 0	192,116	\$ 0	192,116	242,250	192,116
736	Vista Hill Foundation	\$ 0	\$ 0	\$ 0	\$ 0	633,421	\$ 0	633,421	792,000	633,421
795	Psychiatric Emergency Response	\$ 0	\$ 0	\$ 0	\$ 0	161,426	\$ 0	161,426	434,291	161,426
796	Logan Heights Family Center	\$ 0	\$ 0	\$ 0	\$ 0	316,571	260	316,831	610,640	316,831
830	North County Lifeline	\$ 0	\$ 0	\$ 0	\$ 0	245,642	\$ 0	245,642	246,091	245,642
844	Palomar Family Counseling	\$ 0	\$ 0	\$ 0	\$ 0	299,242	\$ 0	299,242	393,665	299,242
903	Casa De Amparo, Inc	\$ 0	\$ 0	\$ 0	\$ 0	154,864	\$ 0	154,864	178,500	154,864
904	San Diego Center for Children	\$ 0	\$ 0	\$ 0	\$ 0	547,446	\$ 0	547,446	1,134,763	547,446
936	Children, Youth & Family	\$ 0	\$ 0	\$ 0	\$ 0	692,961	2,687	695,648	2,134,280	695,648
966	San Diego Youth & Community	\$ 0	\$ 0	\$ 0	\$ 0	324,387	174	324,561	548,307	324,561
967	South Bay Community Service	\$ 0	\$ 0	\$ 0	\$ 0	274,431	\$ 0	274,431	367,056	274,431
968	Social Advocates for Youth	\$ 0	\$ 0	\$ 0	\$ 0	168,461	\$ 0	168,461	172,541	168,461
996	North County Interfaith	\$ 0	\$ 0	\$ 0	\$ 0	58,088	\$ 0	58,088	148,334	58,088
1013	YMCA of San Diego County	\$ 0	\$ 0	\$ 0	\$ 0	118,875	\$ 0	118,875	175,000	118,875
1025	Walden Family Services, Inc	\$ 0	\$ 0	\$ 0	\$ 0	227,261	\$ 0	227,261	232,441	227,261
1026	Trinity Children & Family Svcs	\$ 0	\$ 0	\$ 0	\$ 0	115,410	\$ 0	115,410	100,597	100,597
1059	SanDiego Unified School District	\$ 0	\$ 0	\$ 0	\$ 0	30,454	\$ 0	30,454	600,000	30,454
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
GRAND TOTAL		\$ 0	\$ 0	\$ 479,025	\$ 51	\$ 25,535,490	\$ 7,980	\$ 25,543,470	\$ 50,945,117	\$ 25,528,657

(To Sch. 1)

**SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2003**

	<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	77,204,670	(3,366,478)	73,838,192
(2) Total SD/MC Claims	92,632,266	0	92,632,266
(3) Percent % (Line 1/Line 2)	83.35%	-3.63%	79.71%
(4) EPSDT Claims	56,748,708	0	56,748,708
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	47,300,048	(2,065,032)	45,235,016
(6) Cost Settled Baseline for EPSDT	7,251,738	0	7,251,738
(7) Net Cost Settlement Amount (Line 5 - Line 6)	40,048,310	(2,065,032)	37,983,278
(8) 48.56% of Cost Settlement Amount (Line 7 x 48.56%)	19,447,459	(1,002,780)	18,444,680
(8a) FY 2001-02 EPSDT Settlement	16,115,849	(980,836)	15,135,013
(8b) Annual Local Growth (L. 8 - 8a)	3,331,610	(21,944)	3,309,667
(9) County Match 10% of Local Growth (8b x 10%)	333,161	(2,194)	330,967
(10) Net Cost Settlement Amount (L. 8 - 9)	19,114,298	(1,000,585)	18,113,713
(11) SGF Distribution (Settled and Audited)	19,114,298	0	19,114,298
(12) SGF Due (State)	<u>0</u>	<u>(1,000,585)</u>	<u>(1,000,585)</u> (To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2002-2003, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF gross distribution (See DMH letter dated October 23, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	1	C	MENTAL HEALTH EXPENDITURES To exclude prior year expenses for proper cost finding method. CMS Pub 15-1, Section 2304	\$ 253,077,264	\$ (1,513,592)	\$ 251,563,672
2	MH 1960	3	C	PAYMENTS TO CONTRACT PROVIDERS To adjust Payments To Contract Providers to agree with the County's record. CMS Pub 15-1, Section 2304	\$ (134,617,894)	\$ (61,354)	\$ (134,679,248)
3	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To reflect adjustment numbers 1 and 2.	\$ 76,704,540	\$ (1,574,946)	\$ 75,129,594
4	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 9,123,074	\$ (9,123,074)	\$ 0 *
5	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	0	0	0 *
6	MH 1960	11	C	NON SD/MC ADMINISTRATION	4,293,212	\$ (4,293,212)	0 *
Info.	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments to administrative costs.	<u>\$ 13,416,286</u>		<u>\$ 13,416,286</u> *
7	MH1960	12	C	TOTAL ADMINISTRATIVE COSTS To reflect adjustment number 1.	** \$ 13,416,286	\$ (266,818)	\$ 13,149,468 *
8	MH1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 13,149,468	\$ (210,191)	\$ 12,939,277 *
9	MH1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA) To include administrative costs for the MAA program.	\$ 59,015,801	\$ 210,191	\$ 59,225,992 *
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
10	MH 1960	9	C	SD/MC ADMINISTRATION	** \$ 0	\$ 8,489,057	\$ 8,489,057
11	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	** 0	5,697	5,697
12	MH 1960	11	C	NON SD/MC ADMINISTRATION	** 0	\$ 4,444,523	4,444,523
Info.	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ <u>12,939,277</u>		\$ <u>12,939,277</u>
				To reallocate total administrative costs to Medi-Cal and non-Medi-Cal based on unique client count.			
13	MH1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP)	\$ 314,643	\$ (314,643)	\$ 0 *
14	MH1960	14	C	OTHER SD/MC UTILIZATION REVIEW	2,509,962	(2,509,962)	0 *
15	MH1960	15	C	NON-SD/MC UTILIZATION REVIEW	850,448	(850,448)	0 *
Info.	MH1960	16	C	TOTAL UTILIZATION REVIEW COSTS	\$ <u>3,675,053</u>		\$ <u>3,675,053</u> *
				To eliminate the reported distribution of utilization review costs. Costs will be redistributed after adjustments to utilization review costs.			
16	MH1960	16	C	TOTAL UTILIZATION REVIEW COSTS	** \$ 3,675,053	(73,088)	\$ 3,601,965 *
				To reflect adjustment number 1.			
17	MH1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP)	** \$ 0	\$ 272,840	\$ 272,840
18	MH1960	14	C	OTHER SD/MC UTILIZATION REVIEW	** 0	2,176,496	2,176,496
19	MH1960	15	C	NON-SD/MC UTILIZATION REVIEW	** 0	1,152,629	1,152,629
Info.	MH1960	16	C	TOTAL UTILIZATION REVIEW COSTS	** \$ <u>3,601,965</u>		\$ <u>3,601,965</u>
				To reallocate total utilization review costs to Medi-Cal and non-Medi-Cal based on unique client count.			
20	MH 1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA)	** \$ 59,225,992	\$ (1,173,686)	\$ 58,052,306 *
				To reflect adjustment number 1.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED MODES OF SERVICE</u>			
21	MH 1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA) To reflect adjustment number 2.	** \$ 58,052,306	\$ (61,354)	\$ 57,990,952 *
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
22	MH 1964	2	1	HOSPITAL INPATIENT SERVICE (MODE 5-SFC 10-19)	\$ 7,428,909	\$ (2,650,849)	\$ 4,778,060
Info.	MH 1964	3	1	OTHER 24 HOUR SERVICES (MODE 05 - All OTHER SFC)	4,347,512	(0)	4,347,512
23	MH 1964	4	1	DAY SERVICES (MODE 10)	1,727,331	1,064,012	2,791,343
24	MH 1964	5	1	OUTPATIENT SERVICES (MODE 15)	41,651,391	225,725	41,877,116
25	MH 1964	6	1	OUTREACH SERVICE (MODE 45)	1,055,929	242,639	1,298,568
26	MH 1964	8	1	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	1,991,607	93,625	2,085,232
Info.	MH 1964	8	1	SUPPORT SERVICES (MODE 60)	813,122	(0)	813,122
27	MH 1964	9	1	TOTAL	\$ <u>59,015,801</u>	\$ <u>1,626,000</u>	\$ <u>57,990,952</u>
				To distribute audited Direct Services cost to Hospital Inpatient, Other 24 Hour Services, Day Services, Outpatient Services, Outreach Services, and MAA to reflect adjustment numbers 9 and 20 through 21.			
28	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	** \$ 1,298,568	\$ 116,566	\$ 1,415,134
29	MH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	** \$ 2,085,232	\$ (116,566)	\$ 1,968,666
				To reclassify MAA costs to Outreach services to agree with County's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
30	MH1966	3	C	FFS 15-02	\$ 10,144	\$ (10,144)	\$ 0
31	MH1966	3	D	FFS 15-10	6,465,761	(6,465,761)	0
32	MH1966	3	I	FFS 15-60	3,053,450	(3,053,450)	0
33	MH1966	3	J	FFS 15-70	770	(770)	0
					<u>\$ 9,530,125</u>		<u>\$ 9,530,125</u> *
				To eliminate the reported Fee For Services (FFS) costs as these costs were not broken down by each discipline. Costs will be redistributed after adjustments to FFS costs by each discipline to agree with the County records.			
				<u>MODE SF</u>			
34	MH1966	3	B	FFS PSYCHIATRIST 15-02	\$ 0	\$ 5,534	\$ 5,534
35	MH1966	3	C	FFS PSYCHIATRIST 15-10	0	276,760	276,760
36	MH1966	3	D	FFS PSYCHIATRIST 15-60	0	3,692,276	3,692,276
37	MH1966	3	E	FFS PSYCHIATRIST 15-75	0	1,059	1,059
38	MH1966	3	F	FFS PSYCHOLOGIST 15-01	0	2,223	2,223
39	MH1966	3	G	FFS PSYCHOLOGIST 15-10	0	4,238,300	4,238,300
40	MH1966	3	H	FFS PSYCHOLOGIST 15-60	0	5,028	5,028
41	MH1966	3	I	FFS LCSW 15-01	0	315	315
42	MH1966	3	J	FFS LCSW 15-10	0	325,225	325,225
43	MH1966	3	K	FFS LCSW 15-60	0	0	0
44	MH1966	3	L	FFS MFCC 15-01	0	878	878
45	MH1966	3	M	FFS MFCC 15-10	0	789,366	789,366
46	MH1966	3	N	FFS MFCC 15-60	0	30,668	30,668
47	MH1966	3	O	FFS MIXED SPECIALTY 15-10	0	17,960	17,960
48	MH1966	3	P	FFS MIXED SPECIALTY 15-60	0	109,250	109,250
49	MH1966	3	Q	CMHDA 15-01	0	32,919	32,919
50	MH1966	3	R	CMHDA 15-10	0	2,365	2,365
Info.					** \$ <u>9,530,125</u>	<u>\$ 0</u>	<u>\$ 9,530,125</u>
				To reallocate the Fee for Service costs to each discipline provider and service function codes to agree with County records.			
				CMS PUB. 15-1 SEC. 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS</u> <u>TO MODES OF SERVICE</u>			
				<u>MODE SF</u>			
51	MH1966	4	B	FFS PSYCHIATRIST 15-02	\$ 0	\$ 0.61	\$ 0.61
52	MH1966	4	C	FFS PSYCHIATRIST 15-10	0	0.79	0.79
53	MH1966	4	D	FFS PSYCHIATRIST 15-60	0	1.46	1.46
54	MH1966	4	E	FFS PSYCHIATRIST 15-75	0	1.18	1.18
55	MH1966	4	F	FFS PSYCHOLOGIST 15-01	0	0.88	0.88
56	MH1966	4	G	FFS PSYCHOLOGIST 15-10	0	1.14	1.14
57	MH1966	4	H	FFS PSYCHOLOGIST 15-60	0	2.11	2.11
58	MH1966	4	I	FFS LCSW 15-01	0	0.81	0.81
59	MH1966	4	J	FFS LCSW 15-10	0	1.04	1.04
60	MH1966	4	L	FFS MFCC 15-01	0	0.81	0.81
61	MH1966	4	M	FFS MFCC 15-10	0	1.05	1.05
62	MH1966	4	N	FFS MFCC 15-60	0	1.94	1.94
63	MH1966	4	O	FFS MIXED SPECIALTY 15-10	0	3.06	3.06
64	MH1966	4	P	FFS MIXED SPECIALTY 15-60	0	5.68	5.68
65	MH1966	4	Q	CMHDA 15-01	0	0.58	0.58
66	MH1966	4	R	CMHDA 15-10	0	1.08	1.08
				To adjust the cost per unit of the program II expenditures to agree with County records.			
				CMS PUB. 15-1 SEC. 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS</u> <u>ADJUSTMENTS TO REPORTED TOTAL UNITS</u>			
67	MH 1966	2	B	TOTAL UNITS - Mode 55, Service Function Code 01	193,103	(1,487)	191,616
68	MH 1966	2	C	TOTAL UNITS - Mode 55, Service Function Code 04	13,120	660	13,780
69	MH 1966	2	D	TOTAL UNITS - Mode 55, Service Function Code 07	384,708	(156,601)	228,107
70	MH 1966	2	E	TOTAL UNITS - Mode 55, Service Function Code 09	100,674	(778)	99,896
Info.	MH 1966	2	F	TOTAL UNITS - Mode 55, Service Function Code 11	117,437	0	117,437
71	MH 1966	2	G	TOTAL UNITS - Mode 55, Service Function Code 14	587,887	(86,971)	500,916
72	MH 1966	2	H	TOTAL UNITS - Mode 55, Service Function Code 17	912,245	59,734	971,979
73	MH 1966	2	I	TOTAL UNITS - Mode 55, Service Function Code 21	612,683	(2,953)	609,730
74	MH 1966	2	J	TOTAL UNITS - Mode 55, Service Function Code 24	387,020	(3,557)	383,463
Info.	MH 1966	2	K	TOTAL UNITS - Mode 55, Service Function Code 27	22,980	0	22,980
75	MH 1966	2	L	TOTAL UNITS - Mode 55, Service Function Code 31	213,550	(20,760)	192,790
Info.	MH 1966	2	M	TOTAL UNITS - Mode 55, Service Function Code 35	132,585	0	132,585
76				TOTAL	<u>3,677,992</u>	<u>(212,713)</u>	<u>3,465,279</u>
				To adjust MAA total units to agree with Provider's records.			
				CMS PUB. 15-1 SEC. 2304			
77	MH 1966A	2	C	TOTAL UNITS-MODE 15-02 FFS	13,635	(13,635)	0
78	MH 1966A	2	D	TOTAL UNITS-MODE 15-10 FFS	5,166,165	(5,166,165)	0
79	MH 1966A	2	I	TOTAL UNITS-MODE 15-60 FFS	2,619,227	(2,619,227)	0
80	MH 1966A	2	J	TOTAL UNITS-MODE 15-75 FFS	780	(780)	0
Info.				TOTAL	<u>7,799,807</u>		<u>7,799,807</u> *
				To eliminate the reported Fee For Services (FFS) units as these units were not broken down by each provider discipline. Units will be redistributed after adjustment to FFS units by each discipline to agree with the County records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED TOTAL UNITS</u>			
81	MH 1966A	2	B	TOTAL UNITS-MODE 15-02 FFS Psychiatrist	0	9,060	9,060
82	MH 1966A	2	C	TOTAL UNITS-MODE 15-10 FFS Psychiatrist	0	351,740	351,740
83	MH 1966A	2	D	TOTAL UNITS-MODE 15-60 FFS Psychiatrist	0	2,529,335	2,529,335
84	MH 1966A	2	E	TOTAL UNITS-MODE 15-75 FFS Psychiatrist	0	900	900
85	MH 1966A	2	F	TOTAL UNITS-MODE 15-01 FFS Psychologist	0	2,520	2,520
86	MH 1966A	2	G	TOTAL UNITS-MODE 15-10 FFS Psychologist	0	3,729,785	3,729,785
87	MH 1966A	2	H	TOTAL UNITS-MODE 15-60 FFS Psychologist	0	2,385	2,385
88	MH 1966A	2	I	TOTAL UNITS-MODE 15-01 FFS LCSW	0	390	390
89	MH 1966A	2	J	TOTAL UNITS-MODE 15-10 FFS LCSW	0	312,280	312,280
90	MH 1966A	2	L	TOTAL UNITS-MODE 15-01 FFS MFCC	0	1,080	1,080
91	MH 1966A	2	M	TOTAL UNITS-MODE 15-10 FFS MFCC	0	753,535	753,535
92	MH 1966A	2	N	TOTAL UNITS-MODE 15-60 FFS MFCC	0	15,780	15,780
93	MH 1966A	2	O	TOTAL UNITS-MODE 15-10 FFS Mixed Specialty	0	5,865	5,865
94	MH 1966A	2	P	TOTAL UNITS-MODE 15-60 FFS Mixed Specialty	0	19,230	19,230
95	MH 1966A	2	Q	TOTAL UNITS-MODE 15-10 CMHDA	0	56,563	56,563
96	MH 1966A	2	R	TOTAL UNITS-MODE 15-10 CMHDA	0	2,190	2,190
97	MH 1970			TOTAL	** 7,799,807	(7,169)	7,792,638
				To reallocate Fee for Service units to each provider discipline and service function code to agree with County records.			
				CMS PUB. 15-1 SEC. 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>			
98	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS 51.40%	1,714,585	(462,976)	1,251,609
99	MH 1970	TOTAL		TOTAL MEDI/MEDI UNITS 51.40%	2,488	(297)	2,191
100	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	<u>1,717,073</u>	<u>(463,273)</u>	<u>1,253,800</u> *
101	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS 50.00%	3,294,504	(837,613)	2,456,891
102	MH 1970	TOTAL		TOTAL MEDI/MEDI UNITS 50.00%	2,488	(1,677)	811
103	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 50.00%	<u>3,296,992</u>	<u>(839,290)</u>	<u>2,457,702</u> *
104	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS 54.35%	574,056	735,752	1,309,808
105	MH 1970	TOTAL		TOTAL MEDI/MEDI UNITS 54.35%	0	190	190
106	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35%	<u>574,056</u>	<u>735,942</u>	<u>1,309,998</u> *
				To adjust Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health Summary of Approved Claims.			
107	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	** 1,253,800	(16,557)	1,237,243 *
108	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 50.00%	** 2,457,702	(23,115)	2,434,587 *
109	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35%	** 1,309,998	(21,496)	1,288,502 *
				To adjust Medi-Cal and Medi/Medi units to agree with the County's records.			
Info.	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	** 1,237,243	0	1,237,243 *
Info.	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 50.00%	** 2,434,587	0	2,434,587 *
110	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35%	** 1,288,502	(111)	1,288,391 *
				To adjust Medi-Cal plus Medi/Medi units to lesser DMH Summary of Approved Claims or the County's records.			
111	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	** 1,237,243	(1,488)	1,235,755
Info.	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 50.00%	** 2,434,587	0	2,434,587
Info.	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35%	** 1,288,391	0	1,288,391
				To identify Medi/Medi units for settlement purposes.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>			
112	MH 1970		TOTAL	TOTAL MEDI-CAL UNITS 51.40%	2,534,991	(610,501)	1,924,490
Info.	MH 1970		TOTAL	TOTAL MEDI/MEDI UNITS 51.40%	0	0	0
113	MH 1970		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	<u>2,534,991</u>	<u>(610,501)</u>	<u>1,924,490</u> *
114	MH 1970		TOTAL	TOTAL MEDI-CAL UNITS 50.00%	5,241,381	(1,552,256)	3,689,125
Info.	MH 1970		TOTAL	TOTAL MEDI/MEDI UNITS 50.00%	0	0	0
115	MH 1970		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 50.00%	<u>5,241,381</u>	<u>(1,552,256)</u>	<u>3,689,125</u> *
116	MH 1970		TOTAL	TOTAL MEDI-CAL UNITS 54.35%	0	2,221,729	2,221,729
Info.	MH 1970		TOTAL	TOTAL MEDI/MEDI UNITS 54.35%	0	0	0
117	MH 1970		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35%	<u>0</u>	<u>2,221,729</u>	<u>2,221,729</u> *
				To adjust Medi-Cal Fee for Service (FFS) units to agree with the State Department of Mental Health Summary of Approved Claims.			
118	MH 1970		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40% **	1,924,490	4,245	1,928,735 *
119	MH 1970		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 50.00% **	3,689,125	(11,814)	3,677,311 *
120	MH 1970		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35% **	2,221,729	(222,483)	1,999,246 *
				To adjust Medi-Cal FFS units to agree with the County's records.			
121	MH 1970		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40% **	1,928,735	(105)	1,928,630
122	MH 1970		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 50.00% **	3,677,311	(945)	3,676,366
123	MH 1970		TOTAL	TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35% **	1,999,246	1,019	2,000,265
				To adjust Medi-Cal FFS units to the lesser of the DMH Summary of Approved Claims or the County's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>			
124	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILY UNITS 07/1/02 to 09/30/03	22,909	(6,059)	16,850 *
125	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILY UNITS 10/1/02 to 06/30/03	3,690	6,507	10,197 *
				To adjust Healthy Family units to agree with the State Department of Mental Health Summary of Approved Claims report.			
126	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILY UNITS 07/1/02 to 09/30/03 **	16,850	(16,850)	0 *
127	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILY UNITS 10/1/02 to 06/30/03 **	10,197	(8,650)	1,547 *
				To adjust Healthy Family units to agree with the County's records.			
Info.	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILY UNITS 07/1/02 to 09/30/03 **	0	0	0
Info.	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILY UNITS 10/1/02 to 06/30/03 **	1,547	0	1,547
				To adjust Healthy Family units to the lesser of the DMH Summary Approved Claims or the County's records.			
128	MH 1966A	10	TOTAL	TOTAL CHILDREN ENHANCE UNITS 07/1/02 to 09/30/02	3,697	133	3,830 *
129	MH 1966A	10A	TOTAL	TOTAL CHILDREN ENHANCE UNITS 10/1/02 to 06/30/03	11,275	4,172	15,447 *
				To adjust Children Enhance units to agree with the State Department of Mental Health Summary of Approved Claims report.			
130	MH 1966A	10	TOTAL	TOTAL CHILDREN ENHANCE UNITS 07/1/02 to 09/30/02 **	3,830	(2,078)	1,752
131	MH 1966A	10A	TOTAL	TOTAL CHILDREN ENHANCE UNITS 10/1/02 to 06/30/03 **	15,447	(4,676)	10,771
				To adjust Children Enhanced units to agree with County records.			
Info.	MH 1966A	10	TOTAL	TOTAL CHILDREN ENHANCE UNITS 07/1/02 to 09/30/02 **	1,752	0	1,752
Info.	MH 1966A	10A	TOTAL	TOTAL CHILDREN ENHANCE UNITS 10/1/02 to 06/30/03 **	10,771	0	10,771
				To adjust Children Enhance units to lesser of the DMH Summary of Approved Claims or the County's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
132	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS 51.40%	8,119,793	(2,234,606)	5,885,187
133	MH 1970	TOTAL		TOTAL MEDI/MEDI UNITS 51.40%	4,872	(1,420)	3,452
134	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	<u>8,124,665</u>	<u>(2,236,026)</u>	<u>5,888,639</u> *
135	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS 50.00%	15,712,036	(3,684,753)	12,027,283
136	MH 1970	TOTAL		TOTAL MEDI/MEDI UNITS 50.00%	4,872	60	4,932
137	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 50.00%	<u>15,716,908</u>	<u>(3,684,693)</u>	<u>12,032,215</u> *
138	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS 54.35%	574,056	5,375,847	5,949,903
139	MH 1970	TOTAL		TOTAL MEDI/MEDI UNITS 54.35%	0	1,539	1,539
140	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35%	<u>574,056</u>	<u>5,377,386</u>	<u>5,951,442</u> *
				To adjust Medi-Cal and Medi/Medi units to agree with the State Department of Mental Health Summary of Approved Claims.			
141	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	** 5,888,639	(147,887)	5,740,752 *
142	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 50.00%	** 12,032,215	(265,099)	11,767,116 *
143	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35%	** 5,951,442	(67,587)	5,883,855 *
				To adjust Medi-Cal and Medi/Medi units to agree with the Contractor's records.			
144	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	** 5,740,752	(31,365)	5,709,387 *
145	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 50.00%	** 11,767,116	(745)	11,766,371 *
146	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35%	** 5,883,855	(26)	5,883,829 *
				To adjust Medi-Cal plus Medi/Medi units to lesser the DMH Summary of Approved Claims or the Contractor's records.			
147	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 51.40%	** 5,709,387	(1,530)	5,707,857
148	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 50.00%	** 11,766,371	(1,015)	11,765,356
Info.	MH 1970	TOTAL		TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS 54.35%	** 5,883,829	0	5,883,829
				To identify Medi/Medi units for settlement purposes.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
149	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILY UNITS 07/1/02 to 09/30/03	38,936	(13,910)	25,026 *
150	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILY UNITS 10/1/02 to 06/30/03	10,467	13,653	24,120 *
				To adjust Healthy Family units to agree with the State Department of Mental Health Summary of Approved Claims report.			
151	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILY UNITS 07/1/02 to 09/30/03 **	25,026	(23,380)	1,646 *
152	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILY UNITS 10/1/02 to 06/30/03 **	24,120	(20,023)	4,097 *
				To adjust Healthy Family units to agree with County records.			
Info.	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILY UNITS 07/1/02 to 09/30/03 **	1,646	0	1,646
Info.	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILY UNITS 10/1/02 to 06/30/03 **	4,097	0	4,097
				To adjust Healthy Family units to the lesser of the DMH Summary of Approved Claims or the County's records.			
153	MH 1966A	10	TOTAL	TOTAL CHILDREN ENHANCE UNITS 07/1/02 to 09/30/02	34,398	(12,904)	21,494 *
154	MH 1966A	10A	TOTAL	TOTAL CHILDREN ENHANCE UNITS 10/1/02 to 06/30/03	74,277	13,352	87,629 *
				To adjust Children Enhance units to agree with the State Department of Mental Health Summary of Approved Claims report.			
155	MH 1966A	10	TOTAL	TOTAL CHILDREN ENHANCE UNITS 07/1/02 to 09/30/02 **	21,494	1,058	22,552
156	MH 1966A	10A	TOTAL	TOTAL CHILDREN ENHANCE UNITS 10/1/02 to 06/30/03 **	87,629	(3,711)	83,918
				To adjust Children Enhanced units to agree with Contractor's records.			
157	MH 1966A	10	TOTAL	TOTAL CHILDREN ENHANCE UNITS 07/1/02 to 09/30/02 **	22,552	(3,072)	19,480
158	MH 1966A	10A	TOTAL	TOTAL CHILDREN ENHANCE UNITS 10/1/02 to 06/30/03 **	83,918	(2,460)	81,458
				To adjust Children Enhanced units to lesser of the DMH Summary of Approved Claims or the Contractor's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
159	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILY UNITS 07/1/02 to 09/30/03	400	25	425 *
160	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILY UNITS 10/1/02 to 06/30/03	1,200	295	1,495 *
				To adjust Healthy Family FFS units to agree with the State Department of Mental Health Summary of Approved Claims report.			
Info. 161	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILY UNITS 07/1/02 to 09/30/03 **	425	0	425 *
	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILY UNITS 10/1/02 to 06/30/03 **	1,495	(65)	1,430 *
				To adjust Healthy Family FFS units to agree with County records.			
162	MH 1966A	11	TOTAL	TOTAL HEALTHY FAMILY UNITS 07/1/02 to 09/30/03 **	425	(25)	400
163	MH 1966A	11A	TOTAL	TOTAL HEALTHY FAMILY UNITS 10/1/02 to 06/30/03 **	1,430	(25)	1,405
				To adjust Healthy Family FFS units to the lesser of the DMH Summary of Approved Claims or the County's records.			
164	MH 1966A	10	TOTAL	TOTAL CHILDREN ENHANCE UNITS 07/1/02 to 09/30/02	7,680	(1,055)	6,625 *
165	MH 1966A	10A	TOTAL	TOTAL CHILDREN ENHANCE UNITS 10/1/02 to 06/30/03	14,155	4,325	18,480 *
				To adjust Children Enhance FFS units to agree with the State Department of Mental Health Summary of Approved Claims report.			
Info. 166	MH 1966A	10	TOTAL	TOTAL CHILDREN ENHANCE UNITS 07/1/02 to 09/30/02 **	6,625	0	6,625
	MH 1966A	10A	TOTAL	TOTAL CHILDREN ENHANCE UNITS 10/1/02 to 06/30/03 **	18,480	(1,145)	17,335
				To adjust Children Enhanced FFS units to agree with Contractor records.			
167	MH 1966A	10	TOTAL	TOTAL CHILDREN ENHANCE UNITS 07/1/02 to 09/30/02 **	6,625	(3,125)	3,500
168	MH 1966A	10A	TOTAL	TOTAL CHILDREN ENHANCE UNITS 10/1/02 to 06/30/03 **	17,335	(2,955)	14,380
				To adjust Children Enhanced FFS units to lesser of the DMH Summary of Approved Claims or the Contractor's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN DIEGO COUNTY MENTAL HEALTH				00037	179	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - COUNTY</u>			
169	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUE (07/01/2002-09/30/2002)	\$ 0	\$ (4,751)	\$ (4,751)
170	MH 1968	28A	K	PATIENT AND OTHER PAYOR REVENUE (10/01/2002-06/30/2003)	0	(13,872)	(13,872)
171				TOTAL	\$ 0	\$ (18,623)	\$ (18,623)
				To adjust patient and other payor revenue to agree with the county's records.			
				Welfare & Institution Code, Sec. 5721, CMS Pub. 15-1, Sec. 22304			
				<u>ADJUSTMENTS TO REPORTED SHORT-DOYLE /MEDI-CAL SETTLEMENT</u>			
172	Sch. 2a	55		Quality Assurance Review	\$ 0	\$ (725)	\$ (725)
				To incorporate results of the Quality Assurance Review.			
173	MH 1979	2	B	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB - INPATIENT	\$ 19,151,249	\$ (28,498)	\$ 19,122,751
174	MH 1979	2	C	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB - OUTPATIENT	\$ 52,164,233	\$ (4,017,709)	\$ 48,164,329
				To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the contract providers costs, SD/MC units of service/time and revenues.			
175	Sch. 1			TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 19,333,540	\$ (565,930)	\$ 18,767,610
176	Sch. 1			TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY	49,184	(44,239)	4,945
177	Sch. 1			TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	27,237,819	(1,717,142)	25,520,677
178	Sch. 1			TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	62,742	(54,762)	7,980
Info.				TOTAL	\$ 46,683,285	\$ (2,382,073)	\$ 44,301,212
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units for the County and Contract Providers.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SAN DIEGO COUNTY MENTAL HEALTH				Provider Number 00037	No. of Adj. 179	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
179	SCH 4			<p style="text-align: center;"><u>ADJUSTMENTS TO REPORTED</u> <u>SHORT-DOYLE /MEDI-CAL SETTLEMENT</u></p> <p>EPSDT - SGF</p> <p>To adjust the final settlement under EPSDT program to reflect the adjustments made to costs and units of service/time.</p> <p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>	\$ 19,114,298	\$ (1,000,585)	\$ 18,113,713

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003

FINDING No. 1 – PHASE II (FEE-FOR-SERVICE) UNITS AND COSTS

Our examination disclosed that the Fee for service (FFS) costs and units under program 2 of the Short-Doyle Medi-Cal Cost report were not identified by discipline in accordance with the cost reporting instructions of Phase II (Outpatient) consolidation expenditures. The County's payments to fee-for-service providers refer to Phase II Consolidation of Medi-Cal Specialty Mental Health Services. Fee for service costs should include ALL payments paid to FFS providers regardless of the payor/client source. Likewise, ALL FFS units must be reflected on the Short-Doyle Medi-Cal Cost report to determine the actual rate paid to the FFS providers.

There are three types of providers under the Fee for service-Program 2. These are: Group Providers, Individual Providers and Organizational Providers. The provider types or disciplines are: Psychiatrist, Psychologist, Licensed Clinical Social Worker (LCSW), Marriage, Family and Child Counselor (MFCC), Registered Nurse (RN), and Mixed Specialty Group Practice. The County must request from the Department the provider type and a provider file update (PFU) form must be completed for each of the provider types. It must also indicate the modes of service and service functions to be used by that provider type.

The County's reported FFS costs and units were adjusted to reflect the grouping of the Short-Doyle Medi-Cal units billed to the State.

AUDIT AUTHORITY

- Code of Federal Regulation (CFR) - 3, 19, 27
- Centers for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304
- California Code of Regulations (CCR), Title 9, Section 640
- DMH Information Notice 97-15
- DMH Information Notice No. 97-06

RECOMMENDATION

We recommend that the County report Phase II – Fee-For-Service units, gross cost, and total units by discipline and if applicable by service function within the discipline to reflect the actual payments made by the County. The total units of time should be capture for each discipline in order for the cost per unit to reflect the actual costs for each discipline as indicated on the letter dated December 23, 1998 sent to the Local Mental Health Administrators of the Counties.

We also recommend that the County should exercise due care in the preparation of its cost report. All records utilized in the preparation of the SD/MC cost report must be properly documented, kept and readily available for review by auditors.

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003

Supporting documentation must be properly labeled and have an audit trail. This will facilitate the completion of the audit in a timely manner.

AUDITEE'S RESPONSE

The County of San Diego concurs with the findings.

FINDING No. 2 – ADJUSTMENTS TO MAA COSTS & UNITS

Our examination of the provider's records disclosed that the County's Medi-Cal Administrative Activities (MAA) plan identified that the county is eligible to provide Medi-cal Administrative Activities as follows: Service Function 01-03 (Medi-Cal Outreach Not Discounted); Service Function 04-06 (Medi-Cal Eligibility Intake); Service Function 07-08 & 14-16 (Mental Health Services Contract Administration); Service Function 09 (MAA Coordination and Claims Administration); Service Function 11-13 (Referral in Crisis Situations For Non-Open Cases); Service Function 17-19 (Medi-Cal Outreach Discounted); Service Function 21-23 & 31-34 (Case Management of Non-Open Cases) and Service Function 24-26 & 35-39 (Program Planning and Policy Development).

The Salaries and Benefits costs of MAA are from the report called AF19006 Employee detail report. The report generated total salaries and benefits cost for each employee in various clinics and services. The MAA salaries and benefits expenditures including the hours were shown on this report.

<u>MAA Adjustment</u>	\$93,625
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The County reported MAA costs of \$1,991,607 in its cost report. This amount was adjusted based on information provided by the County to include administration costs of \$210,191 and deduct <\$116,566> based on additional testing of the records as follows:

Testing

MAA Costs & Units

We selected five clinics claiming MAA costs for the twelve months of the period of audit to test the claimed actual costs and units. These providers were: South East clinics Ocean View Blvd, East city clinics, AIS, CMM Morena, and JFSPolin. Following are the results of our tests:

A total of 44 employees were sampled during review of the County's MAA certification sheets. Based on the MAA time sheets, the audited MAA hours were determined on those employees who claimed costs under the MAA program. The MAA actual costs were determined using the percentage of the MAA hours times

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
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FISCAL PERIOD ENDED JUNE 30 2003

FINDING No. 2 contd.

the audited total salaries and benefits expenditures. Variances were noted as follows:

- 1) The AF19006 Employee detail report did not include all the MAA hours and costs for six employees out of the 43 employees sampled. These six employees had MAA certification sheets, but were not claimed by the County on their schedule.
- 2) The salaries and benefits using the Budget Unit Labor Cost report for MAA staff report were compared against the AF 19006 Employee Detail Report, and a variance of <\$116,566> was identified.
- 3) The County reported 3,677,992 units applicable to the MAA program. However, working papers provided by the County supported only total units of 3,465,279. The difference in MAA units of <212,713> was eliminated due to lack of support.

AUDIT AUTHORITY

- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304,
- Fiscal Year 2002-03 Cost and Financial Reporting System (CFRS)
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

RECOMMENDATION

We recommend that the County follow instructions per the DMH Letter No. 03-05, Cost Report Policy dated October 3, 2003. Under Section I J, when reporting the MAA program costs. This section states, in part:

“Costs for MAA activities must be actual cost and therefore must be directly allocated.”

In addition, under the cost report instruction, MAA costs reported in the cost report must be based on actual staff time captured at the service function level. The County must ensure that all records utilized in the preparation of the SD/MC cost report be properly kept and readily available for review. Supporting documentation must be properly labeled and have an audit trail. Accounting records and supporting documents must be retained for four years after the closing of the fiscal year or until such time as the audit has been settled for the fiscal year.

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
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FISCAL PERIOD ENDED JUNE 30 2003

RECOMMENDATION contd.

In addition, internal procedures in record keeping must be implemented to ensure that all supporting documentation are properly filed and kept. This will facilitate the completion of the audit in a timely manner.

The lack of compliance with these provisions could result in audit exceptions in the future.

AUDITEE'S RESPONSE

The County of San Diego concurs with the findings.

**FINDING No. 3 – MENTAL HEALTH SYSTEMS INC. CONTRACTOR
RECLASSIFICATION OF CALWORK COSTS**

Our examination disclosed that the cost report submitted by Mental Health Systems, Inc. to the County did not include the CalWORK costs of \$3,008,033 as part of the outpatient treatment services. In addition, CalWORK's total units were also not included in the cost report submitted by MHS.

However, in the cost report submitted by the County to the State Department of Mental Health on behalf of Mental Health Systems, Inc., County included CalWORK costs of \$3,006,714 and excluded the CalWORK units. The County allocated CalWORK costs of \$2,642,358 under the treatment cost to Mode 15 (Outpatient Services) and \$364,358 to Mode 45 (Outreach Services). The total reported CalWORK cost of \$3,006,714 did not match the MHS general ledger account of \$3,008,033. The difference of \$1,319 cannot be explained. The total CalWORK audited amount of \$3,007,040 was separately identified as \$2,642,643 under of Mode 15 and \$364,397 under Mode 45.

In addition, CalWORK total units of \$2,006,590 was identified and included under the CalWORK outpatient costs.

AUDIT AUTHORITY

- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304
- Fiscal Year 2002-03 Cost and Financial Reporting System (CFRS)

RECOMMENDATION

We recommend that the provider and the County review and comply with the above-cited audit authorities, and report actual cost information to agree with its records. The cost report must adhere to the regulatory requirements.

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003

AUDITEE'S RESPONSE

The County of San Diego concurs with the findings.

**FINDING No. 4 – MENTAL HEAL SYSTEMS INC. CONTRACTOR
RECLASSIFICATION OF MAA COSTS**

Our examination disclosed that reported total Medi-Cal Administrative Activities cost of \$118,160 could not be supported by the provider. The provider was able to submit copies of time sheets to support the MAA units only. However, supporting information to substantiate MAA cost was not submitted. Due to the insufficient documentation, the \$118,160 MAA cost was reclassified to outreach services.

AUDIT AUTHORITY

- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304
- Fiscal Year 2002-03 Costs and Financial Reporting System (CFRS)
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

RECOMMENDATION

We recommend that the County follow instructions per the DMH Letter No. 03-05, Cost Report Policy dated October 3, 2003. Under Section I J, when reporting the MAA program costs. This section states, in part:

“Costs for MAA activities must be actual cost and therefore must be directly allocated.”

In addition, under the cost report instruction, MAA costs reported in the cost report must be based on actual staff time captured at the service function level. The County must ensure that all records utilized in the preparation of the Short-Doyle Medi-Cal cost report must be properly kept and readily available for review. Supporting documentation must be properly labeled and have an audit trail. Accounting records and supporting documents must be retained for four years after the closing of the fiscal year or until such time as the audit has been settled for the fiscal year.

In addition, internal procedures in record keeping must be implemented to ensure that all supporting documentation are properly filed and kept. This will facilitate the completion of the audit in a timely manner.

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003

RECOMMENDATION contd.

The lack of compliance with these provisions could result in audit exceptions in the future.

AUDITEE'S RESPONSE

The County of San Diego concurs with the findings.

FINDING No. 5 – SAN YSIDRO CONTRACTOR MAA EXPENSES DID NOT TIE TO SUPPORTING DOCUMENTATION

Our examination disclosed that San Ysidro Health Center (SYHC) reported Medi-Cal Administrative Activities (MAA) costs of \$113,115 did not tie to SYHC supporting documentation. The SYHC was unable to provide documents to support this amount. Instead, SYHC provided only salaries and benefits and timesheets of staffs working for MAA under Youth Enhancement Services (YES) program. In addition, those staffs MAA time sheets received were not properly calculated. Based on the information made available to the Department, the audited MAA costs of \$34,004 was determined. Thus, the variance \$99,111 was reclassified to Support cost.

In addition, SYHC disclosed that the provider distributed its Medi-Cal Administrative Activities (MAA) costs reported on the Medi-Cal cost report based on the relative value method rather than actual costs as required in Cost & Financial Reporting System (CFRS) cost report instruction manual. The cost report instructions also specify that under certain circumstances, costs may be distributed using the relative value method based on either 1) published charges or, 2) the statewide average rates. However, those circumstances are usually restricted to treatment programs because those are the only programs that have predetermined statewide average rates or charges. It would not be necessary for the non-treatment programs such as MAA to establish charge rates because the rates would not be used by the County to bill for the MAA services. Although relative value method is one of the acceptable methodology in apportioning treatment costs to various modes and service function, it is not acceptable in determining the MAA costs because there are no charges, within the definition of charges (explained later) nor are there any statewide average rates applicable to MAA that could be used for cost allocation purposes.

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003

FINDING No. 5 contd.

Definition of Published Charges

Section 405.503 (a) of Title 42 of the Code of Federal Regulations defines published charges as follows:

“Published Charges are usual and customary charges prevalent in the public mental health sector that are used to bill the general public, insurers, and other non-Title XIX payers.”

Section 413.13 of Title 42 of the Code of Federal Regulations defines customary charges as follows:

“413.13. (a) Definitions. As used in this section- Customary charges mean the regular rate that providers charge both beneficiaries and other paying patients for the services furnished to them.”

Provider Reimbursement Manual – Chapter 26 states, in part:

“Definitions. “Customary charges” are the regular rates for various services furnished to Medicare beneficiaries and charged consistently to most patients liable for such charges”

Thus, SYHC’s relative value method of allocating MAA costs is not appropriate. MAA costs should be actual costs and therefore should be directly allocated.

MAA Units

SYHC reported 130,578 units applicable to the MAA program. However, working papers provided by the SYHC supported only the YES MAA program total 89,619 units. The audited units also reflected adjustments made to the service functions under Mode 55 of the MAA program.

AUDIT AUTHORITY

- Code of Federal Regulation (CFR) Section 413.13
- Center for Medicare and Medicaid Services, (CMS) Pub. 15-1, Section 2304
- Fiscal Year 2002-03 Cost Report Instruction Manual Cost & Financial Report (CRFS)
- California Code of Regulations (CCR), Title 9, Section 640
- Department of Health Services PPL Number 01-006A

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003

RECOMMENDATION

We recommend that the County follow instructions per the DMH Letter No. 03-05, Cost Report Policy dated October 3, 2003. Under Section I J, when reporting the MAA program costs. This section states, in part:

“Costs for MAA activities must be actual cost and therefore must be directly allocated.”

In addition, under the cost report instruction, MAA costs reported in the cost report must be based on actual staff time captured at the service function level. The County must ensure that all records utilized in the preparation of the Short-Doyle Medi-Cal cost report must be properly kept and readily available for review. Supporting documentation must be properly labeled and have an audit trail. Accounting records and supporting documents must be retained for four years after the closing of the fiscal year or until such time as the audit has been settled for the fiscal year.

In addition, internal procedures in record keeping must be implemented to ensure that all supporting documentation are properly filed and kept. This will facilitate the completion of the audit in a timely manner.

The lack of compliance with these provisions could result in audit exceptions in the future.

AUDITEE’S RESPONSE

The County of San Diego concurs with the findings.

FINDING No. 6 - NEW ALTERNATIVE CONTRACTOR IMPROPER REPORTING OF DAY TREATMENT SERVICES

Our examination of the New Alternative contractor’s records disclosed that the day treatment services reported under Mode 10, Service Function 81 (Half Day) were billed and approved as Service Function 81 (Half Day) and 85 (Full Day).

A letter was sent to the Department on September 10, 2007 stating that the contractor provided full day intensive services. Based on the terms of the contract agreement and the contractor’s letter, the reported half day treatment services will be reclassify as full day treatment services.

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003

AUDIT AUTHORITY

- CMS Pub. 15-1, Sections 2300 and 2304
- Fiscal Year 2002-2003 Cost and Financial Reporting System (CFRS)
- California Code of Regulations (CCR), Title 9, Division 1, Sections 640 and 642

RECOMMENDATION

For maximum reimbursement, we recommend the contractor use due diligence when reporting units of service.

AUDITEE'S RESPONSE

The County of San Diego concurs with the findings.

FINDING No. 7 - TELECARE CONTRACTOR INCLUSION OF PROFIT MARGIN AS ADMINISTRATIVE INDIRECT EXPENSE

Our examination of the Telecare Corporation Short Doyle – Medi-Cal Cost Reports submitted to San Diego County disclosed that Telecare reported unallowable expense for three (3) of five (5) different programs offered by Telecare in San Diego County. These expenses were identified as “profit margin” costs of \$651,983. Per contractor staff “Profit margin is the difference between the contracts budgeted indirect costs and the Medi-Cal allowable indirect costs.” The contractor identified \$1,167,797 total indirect costs per Income Statement. This amount was accepted as filed.

Telecare’s Short Doyle - Medi-Cal Cost Report prepared by the County included profit margins of \$24,426, \$77,334, and \$48,242, for Act Program, Reach 2034 Program, and the Managed Care Program respectively. Telecare properly identified these costs as unallowable per the requirements of the Short Doyle - Medi-Cal Cost Report. In addition, Telecare included the budgeted profit amount of \$77,334 for the AB 2034 Program instead of the actual amount of \$31,901. All of the programs are Mode 15 and have Medi-Cal units associated with the programs. Telecare did not report unallowable profit margins expense of \$237,100 and \$310,314 for programs Choices and Cresta Loma respectively. These programs are Mode 5 and are not Medi-Cal certified and no Medi-Cal units were associated with the programs.

Telecare’s Short Doyle – Medi-Cal Cost Report prepared by the County included total profit margin of <\$651,983>, which was claimed as administrative indirect expense. An adjustment was made to eliminate all reported profit margins.

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003

AUDIT AUTHORITY

- Center for Medicare and Medicaid Services (CMS) Pub.15-1, Sections 2102.3 and 2304
- California Code of Regulations (CCR), Title 9, Section 640

RECOMMENDATION

We recommend that Telecare Corporation use due care to identify all profit margins in all programs and not include them as an indirect cost expense. We also recommend that San Diego County submit actual cost submitted to them by their contractors.

AUDITEE'S RESPONSE

The County of San Diego concurs with the findings.

FINDING No. 8 - TELECARE CONTRACTOR EXPENSING OF CAPITAL ASSETS WITH A VALUE GREATER THAN \$5,000

Our examination of the Telecare Corporation Short Doyle – Medi-Cal Cost Report submitted by San Diego County on behalf of the Contractor disclosed that Telecare included on their records fixed asset expense of \$16,000. However, this amount was excluded on the cost report.

During the audit process it was determined that the \$16,000 was actually for a new telephone system for the San Diego Managed Care program. Telecare Corporation stated that it was at the end of the fiscal year and there was extra money left unspent for the program. Telecare had asked San Diego County if they could purchase a new telephone system. San Diego County approved the purchase of the telephone system and instructed them to write it off completely. Further review disclosed that the telephone system was purchased in June 30, 2003. The County's treatment was not in accordance with Telecare's fixed asset capitalization policy.

Telecare's capitalization policy states: "Capital items with an individual purchase price of \$1,000 or more and an estimated life expectancy of more than three years will be capitalized assets of Telecare, unless superseded by Contract provisions...."

San Diego County's contract with Telecare under Section one (1) Contract Budget, subsection 1.2.4 states, "All Fixed Assets expenses must be budgeted on Schedule II and no line item budget may be exceeded without prior County approval. Purchase of any item not currently budgeted requires prior County

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2003

FINDING No. 8 contd.

approval. Fixed assets include all non-expendable property with a value of \$5,000 or more and a normal life expectancy of more than one year”.

An adjustment was made to include the \$16,000 fixed asset cost to agree with Telecare’s records. However, in accordance with Telecare’s fixed asset capitalization policy, this amount should have been depreciated over the useful life of the asset.

AUDIT AUTHORITY

- Center for Medicare and Medicaid Services (CMS) Pub.15-1, Section 108 & 2304
- California Code of Regulations (CCR), Title 9, Division 1, Section 640

RECOMMENDATION

We recommend that Telecare follow their fixed asset capitalization policy guidelines of expensing assets. The Department follows the Medi-Cal reimbursement guidelines of capitalizing assets over \$5,000 or the provider’s guidelines whichever amount is lower. In addition, the Short-Doyle Medi-Cal program recognizes the American Hospital Association (AHA) asset guidelines which provide the useful life of the assets.

AUDITEE’S RESPONSE

The County of San Diego concurs with the findings.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: SAN DIEGO COUNTY

County Code: 37

Legal Entity: SAN DIEGO COUNTY MENTAL HEA		A	B	C
Legal Entity Number: 00037		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	44,088,919	207,474,753	251,563,672
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(134,679,248)	(134,679,248)
4	Other Adjustments (Provide Detail)		(41,880,903)	(41,880,903)
5	Total Costs Before Medi-Cal Adjustments	44,088,919	30,914,602	75,003,521
6	Medi-Cal Adjustments from MH 1961			126,073
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			75,129,594
	Administrative Costs (County Only)			
9	SD/MC Administration			8,489,057
10	Healthy Families Administration			5,697
11	Non-SD/MC Administration			4,444,523
12	Total Administrative Costs			12,939,277
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			272,840
14	Other SD/MC Utilization Review			2,176,496
15	Non-SD/MC Utilization Review			1,152,629
16	Total Utilization Review Costs			3,601,965
17	Research and Evaluation (County Only)			597,400
18	Mode Costs (Direct Service and MAA)			57,990,952
19	Total Costs - Lines 9 through 18			75,129,594

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: SAN DIEGO COUNTY
County Code: 37

Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH		A	B	C
Legal Entity Number: 00037		Salaries and Benefits	Other	Total Adjustments
1	To add Harmonium costs to outreach services		126,073	126,073
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		126,073	126,073

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: SAN DIEGO COUNTY
County Code: 37

Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH		A
Legal Entity Number: 00037		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	57,990,952
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	4,778,060
3	Other 24 Hour Services (Mode 05-All Other SFC)	4,347,512
4	Day Services (Mode 10)	2,791,343
5	Outpatient Services (Mode 15 Program 1 + Program 2)	41,877,116
6	Outreach Services (Mode 45)	1,298,568
7	Medi-Cal Administrative Activities (Mode 55)	2,085,232
8	Support Services (Mode 60)	813,122
9	Total - Lines 2 through 8	57,990,952

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SAN DIEGO COUNTY
County Code: 37

Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH			CR	NR				
Legal Entity Number: 00037			A	B	C	D	E	F
Mode: 05 - Hospital Inpatient (SFC 10-19)			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function
				10	19			
1	Allocation Percentage		100.00%	90.53%	9.47%			
2	Total Units			7,052	738			
3	Gross Cost		4,778,060	4,325,402	452,658			
4	Cost per Unit			613.36	613.36			
5	SMA per Unit			838.20	235.96			
6	Published Charge per Unit			693.69	693.69			
7	Negotiated Rate / Cost per Unit			613.36				
8	Medi-Cal Units	07/01/02 - 09/30/02						
8A		10/01/02 - 06/30/03						
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units			7,052	738			
13	Medi-Cal Costs	07/01/02 - 09/30/02						
13A		10/01/02 - 06/30/03						
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02						
14A		10/01/02 - 06/30/03						
15	Medi-Cal Published Charges	07/01/02 - 09/30/02						
15A		10/01/02 - 06/30/03						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC (Children) Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC (Children) Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		4,778,060	4,325,402	452,658			

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003County: SAN DIEGO COUNTY
County Code: 37

CR

Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH			A	B	C	D	E	F	G
Legal Entity Number: 00037				Service	Service	Service	Service	Service	Service
Mode: 05 - Other 24 Hour Services (All Other SFC)			Mode Total	Function	Function	Function	Function	Function	Function
				50					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			8,068					
3	Gross Cost		4,347,512	4,347,512					
4	Cost per Unit			538.86					
5	SMA per Unit								
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02							
8A		10/01/02 - 06/30/03							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			8,068					
13	Medi-Cal Costs	07/01/02 - 09/30/02							
13A		10/01/02 - 06/30/03							
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02							
14A		10/01/02 - 06/30/03							
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		4,347,512	4,347,512					

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
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DETAIL COST REPORT

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Fiscal Year 2002-2003County: SAN DIEGO COUNTY
County Code: 37

County Code: 37			CR		CR				
Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH			A	B	C	D	E	F	G
Legal Entity Number: 00037			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 10 - Day Services				20	96				
1	Allocation Percentage		100.00%	8.81%	91.19%				
2	Total Units			4,682	27,757				
3	Gross Cost		2,791,343	245,780	2,545,562				
4	Cost per Unit			52.49	91.71				
5	SMA per Unit			82.94	115.14				
6	Published Charge per Unit			59.37	103.72				
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units		07/01/02 - 09/30/02	290	4,194				
8A			10/01/02 - 06/30/03	1,005	17,621				
9	Medicare/Medi-Cal Crossover Units		07/01/02 - 09/30/02						
9A			10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units		07/01/02 - 09/30/02						
10A			10/01/02 - 06/30/03		41				
10B	Enhanced SD/MC (Refugees) Units		07/01/02 - 06/30/03						
11	Healthy Families (SED) Units		07/01/02 - 09/30/02						
11A			10/01/02 - 06/30/03						
12	Non-Medi-Cal Units			3,387	5,901				
13	Medi-Cal Costs		07/01/02 - 09/30/02	399,850	15,223	384,627			
13A			10/01/02 - 06/30/03	1,668,759	52,757	1,616,002			
14	Medi-Cal SMA Upper Limits		07/01/02 - 09/30/02	506,950	24,053	482,897			
14A			10/01/02 - 06/30/03	2,112,237	83,355	2,028,882			
15	Medi-Cal Published Charges		07/01/02 - 09/30/02	452,219	17,217	435,002			
15A			10/01/02 - 06/30/03	1,887,317	59,667	1,827,650			
16	Medi-Cal Negotiated Rates		07/01/02 - 09/30/02						
16A			10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs		07/01/02 - 09/30/02						
17A			10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits		07/01/02 - 09/30/02						
18A			10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges		07/01/02 - 09/30/02						
19A			10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates		07/01/02 - 09/30/02						
20A			10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs		07/01/02 - 09/30/02						
21A			10/01/02 - 06/30/03	3,760		3,760			
22	Enhanced SD/MC SMA Upper Limits		07/01/02 - 09/30/02						
22A			10/01/02 - 06/30/03	4,721		4,721			
23	Enhanced SD/MC Published Charges		07/01/02 - 09/30/02						
23A			10/01/02 - 06/30/03	4,253		4,253			
24	Enhanced SD/MC Negotiated Rates		07/01/02 - 09/30/02						
24A			10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs		07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges		07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/02 - 06/30/03						
29	Healthy Families Costs		07/01/02 - 09/30/02						
29A			10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits		07/01/02 - 09/30/02						
30A			10/01/02 - 06/30/03						
31	Healthy Families Published Charges		07/01/02 - 09/30/02						
31A			10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates		07/01/02 - 09/30/02						
32A			10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs			718,974	177,800	541,174			

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: SAN DIEGO COUNTY
County Code: 37

County Code: 37			CR		CR		CR		CR		CR	
Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH			A	B	C	D	E	F	G			
Legal Entity Number: 00037			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function			
Mode: 15 - Outpatient (Program 1)				01	10	60	70					
1	Allocation Percentage		100.00%	12.02%	26.79%	43.25%	17.94%					
2	Total Units			2,045,546	4,280,347	2,475,945	903,896					
3	Gross Cost		32,346,990	3,888,628	8,666,888	13,989,125	5,802,348					
4	Cost per Unit			1.90	2.02	5.65	6.42					
5	SMA per Unit			1.77	2.28	4.23	3.41					
6	Published Charge per Unit			2.15	2.29	6.39	7.26					
7	Negotiated Rate / Cost per Unit											
8	Medi-Cal Units	07/01/02 - 09/30/02		349,123	538,704	220,300	123,144					
8A		10/01/02 - 06/30/03		1,007,891	1,722,200	618,444	355,817					
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02				1,487						
9A		10/01/02 - 06/30/03										
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		111	1,184	42	415					
10A		10/01/02 - 06/30/03		1,194	8,090	787	659					
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03										
11	Healthy Families (SED) Units	07/01/02 - 09/30/02										
11A		10/01/02 - 06/30/03		16	1,422	53	56					
12	Non-Medi-Cal Units			687,211	2,008,747	1,634,832	423,805					
13	Medi-Cal Costs	07/01/02 - 09/30/02	3,789,656	663,691	1,090,773	1,244,698	790,494					
13A		10/01/02 - 06/30/03	11,181,452	1,916,023	3,487,127	3,494,218	2,284,084					
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	3,197,983	617,948	1,228,245	931,869	419,921					
14A		10/01/02 - 06/30/03	9,539,937	1,783,967	3,926,616	2,616,018	1,213,336					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	4,285,989	750,614	1,233,632	1,407,717	894,025					
15A		10/01/02 - 06/30/03	12,645,892	2,166,966	3,943,838	3,951,857	2,583,231					
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02										
16A		10/01/02 - 06/30/03										
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	8,402			8,402						
17A		10/01/02 - 06/30/03										
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	6,290			6,290						
18A		10/01/02 - 06/30/03										
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02	9,502			9,502						
19A		10/01/02 - 06/30/03										
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02										
20A		10/01/02 - 06/30/03										
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02	5,510	211	2,397	237	2,664					
21A		10/01/02 - 06/30/03	27,327	2,270	16,381	4,447	4,230					
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	4,489	196	2,700	178	1,415					
22A		10/01/02 - 06/30/03	26,135	2,113	18,445	3,329	2,247					
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	6,231	239	2,711	268	3,013					
23A		10/01/02 - 06/30/03	30,906	2,567	18,526	5,029	4,784					
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02										
24A		10/01/02 - 06/30/03										
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03										
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03										
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03										
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03										
29	Healthy Families Costs	07/01/02 - 09/30/02										
29A		10/01/02 - 06/30/03	3,569	30	2,879	299	359					
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02										
30A		10/01/02 - 06/30/03	3,686	28	3,242	224	191					
31	Healthy Families Published Charges	07/01/02 - 09/30/02										
31A		10/01/02 - 06/30/03	4,036	34	3,256	339	407					
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02										
32A		10/01/02 - 06/30/03										
33	Non-Medi-Cal Costs		17,331,075	1,306,403	4,067,330	9,236,825	2,720,517					

DEPARTMENT OF MENTAL HEALTH

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MHS MHS MHS MHS MHS MHS

Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH			A	B	C	D	E	F	G
Legal Entity Number: 00037			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 2)				02	10	60	75	01	10
1	Allocation Percentage		100.00%	0.06%	2.90%	38.74%	0.01%	0.02%	44.47%
2	Total Units			9,060	351,740	2,529,335	900	2,520	3,729,785
3	Gross Cost		9,530,126	5,534	276,760	3,692,276	1,059	2,223	4,238,300
4	Cost per Unit			0.61	0.79	1.46	1.18	0.88	1.14
5	SMA per Unit			1.77	2.28	4.23	3.41	1.77	2.28
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8									
8A	Medi-Cal Units	07/01/02 - 09/30/02		1,380	80,295	611,511	60	570	972,745
9				7,560	264,875	1,871,668	720	1,770	2,670,160
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
10									
10A	Enhanced SD/MC Units	07/01/02 - 09/30/02			300	880			2,120
10B					530	1,755		60	9,355
11	Enhanced SD/MC (Refugees) Units	10/01/02 - 06/30/03							
11A	Healthy Families (SED) Units	07/01/02 - 09/30/02							300
12									
12A	Non-Medi-Cal Units	10/01/02 - 06/30/03			50	255			1,100
13				120	5,690	43,266	120	120	74,005
13A	Medi-Cal Costs	07/01/02 - 09/30/02	2,365,983	843	63,179	892,672	71	503	1,105,368
14									
14A	Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	6,942,764	4,618	208,412	2,732,226	847	1,561	3,034,207
15									
15A	Medi-Cal Published Charges	07/01/02 - 09/30/02	5,603,963	2,443	183,073	2,586,692	205	1,009	2,217,859
16									
16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03	16,648,116	13,381	603,915	7,917,156	2,455	3,133	6,087,965
17									
17A	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
18									
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/02 - 06/30/03							
19									
19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
20									
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							
21									
21A	Enhanced SD/MC Costs	07/01/02 - 09/30/02	4,139		236	1,285			2,409
22									
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03	16,464		417	2,562		53	10,630
23									
23A	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	9,696		684	3,722			4,834
24									
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03	36,178		1,208	7,424		106	21,329
25									
25A	Enhanced SD/MC (Refugees) Costs	07/01/02 - 09/30/02							
26									
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	10/01/02 - 06/30/03							
27									
27A	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 09/30/02							
28									
28A	Enhanced SD/MC (Refugees) Negotiated Rates	10/01/02 - 06/30/03							
29									
29A	Healthy Families Costs	07/01/02 - 09/30/02	446						341
30									
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03	1,662		39	372			1,250
31									
31A	Healthy Families Published Charges	07/01/02 - 09/30/02	912						684
32									
32A	Healthy Families Negotiated Rates	10/01/02 - 06/30/03	3,701		114	1,079			2,508
33									
33A	Non-Medi-Cal Costs	07/01/02 - 09/30/02							
34									
34A	Non-Medi-Cal Costs	10/01/02 - 06/30/03	198,669	73	4,477	63,159	141	106	84,095

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
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DETAIL COST REPORT

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Fiscal Year 2002-2003

County: SAN DIEGO COUNTY			MHS	MHS	MHS	MHS	MHS	MHS	MHS
County Code: 37									
Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH			H	I	J	K	L	M	N
Legal Entity Number: 00037			Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Function	Function	Function	Function	Function	Function	Function
			60	01	10	60	01	10	60
1	Allocation Percentage		0.05%	0.00%	3.41%		0.01%	8.28%	0.32%
2	Total Units		2,385	390	312,280		1,080	753,535	15,780
3	Gross Cost		5,028	315	325,225		878	789,366	30,668
4	Cost per Unit		2.11	0.81	1.04		0.81	1.05	1.94
5	SMA per Unit		4.23	1.77	2.28	4.23	1.77	2.28	4.23
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02		210	72,580		210	162,895	
8A		10/01/02 - 06/30/03	2,385	180	232,420		870	554,615	15,040
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02			50			150	
10A		10/01/02 - 06/30/03			930			1,750	
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						100	
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units				6,300			34,025	740
13	Medi-Cal Costs	07/01/02 - 09/30/02		170	75,589		171	170,641	
13A		10/01/02 - 06/30/03	5,028	145	242,055		707	580,987	29,230
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02		372	165,482		372	371,401	
14A		10/01/02 - 06/30/03	10,089	319	529,918		1,540	1,264,522	63,619
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02			52			157	
21A		10/01/02 - 06/30/03			969			1,833	
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02			114			342	
22A		10/01/02 - 06/30/03			2,120			3,990	
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02						105	
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						228	
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs				6,561			35,643	1,438

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
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DETAIL COST REPORT

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Fiscal Year 2002-2003County: SAN DIEGO COUNTY
County Code: 37

			MHS	MHS	MHS	MHS	S	T	U
Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH			O	P	Q	R	S	T	U
Legal Entity Number: 00037			Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)			Function	Function	Function	Function	Function	Function	Function
			10	60	10	60			
1	Allocation Percentage		0.19%	1.15%	0.35%	0.02%			
2	Total Units		5,865	19,230	56,563	2,190			
3	Gross Cost		17,960	109,250	32,919	2,365			
4	Cost per Unit		3.06	5.68	0.58	1.08			
5	SMA per Unit		2.28	4.23	2.28	4.23			
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/02 - 09/30/02	1,290	7,480	17,224	285			
8A		10/01/02 - 06/30/03	4,445	11,605	36,354	1,890			
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A		10/01/02 - 06/30/03							
10	Enhanced SD/MC Units	07/01/02 - 09/30/02							
10A		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units		130	145	2,985	15			
13	Medi-Cal Costs	07/01/02 - 09/30/02	3,950	42,496	10,024	308			
13A		10/01/02 - 06/30/03	13,612	65,931	21,158	2,041			
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	2,941	31,640	39,271	1,206			
14A		10/01/02 - 06/30/03	10,135	49,089	82,887	7,995			
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03							
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
16A		10/01/02 - 06/30/03							
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A		10/01/02 - 06/30/03							
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
24A		10/01/02 - 06/30/03							
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Healthy Families Costs	07/01/02 - 09/30/02							
29A		10/01/02 - 06/30/03							
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		398	824	1,737	16			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SAN DIEGO COUNTY
County Code: 37

CR

Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH		A	B	C	D	E	F	G
Legal Entity Number: 00037		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		27,863					
3	Gross Cost	1,298,568	1,298,568					
4	Cost per Unit		46.61					
5	Non-Medi-Cal Units		27,863					
6	Non-Medi-Cal Costs	1,298,568	1,298,568					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 2
Fiscal Year 2002-2003

County: SAN DIEGO COUNTY
County Code: 37

County Code: 37		MAA	MAA	MAA	MAA	MAA	MAA	
Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH		A	B	C	D	E	F	G
Legal Entity Number: 00037		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities			01	04	07	09	11	14
1	Allocation Percentage	100.00%	4.93%	0.21%	7.31%	2.67%	3.14%	23.04%
2	Total Units		191,616	13,780	228,107	99,896	117,437	500,916
3	Total Expenditures	2,085,232	102,751	4,286	152,518	55,776	65,384	480,364
4	Cost per Unit		0.54	0.31	0.67	0.56	0.56	0.96
5	Non-Medi-Cal Costs	987,428						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SAN DIEGO COUNTY

County Code: 37

CR

Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH		A	B	C	D	E	F	G
Legal Entity Number: 00037		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			40					
1	Allocation Percentage		100.00%	100.00%				
2	Total Units		1					
3	Gross Cost	813,122	813,122					
4	Cost per Unit		813,121.96					
5	Non-Medi-Cal Units (Same as Line 2)		1					
6	Non-Medi-Cal Costs (Same as Line 3)	813,122	813,122					

Fiscal Year 2002-2003

County: SAN DIEGO COUNTY County Code: 37			REIMBURSEMENT TYPE				PC	SMA				Costs	
Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00037			S. F.'s 01-09	Mode 55 S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02							399,850	3,789,656	4,189,506	2,365,983	6,555,489
1A		10/01/02 - 06/30/03							1,668,759	11,181,452	12,850,210	6,942,764	19,792,975
2	Medi-Cal SMA	07/01/02 - 09/30/02							506,950	3,197,983	3,704,933	5,603,963	9,308,896
2A		10/01/02 - 06/30/03							2,112,237	9,539,937	11,652,174	16,648,116	28,300,290
3	Medi-Cal P. C.	07/01/02 - 09/30/02							452,219	4,285,989	4,738,208		4,738,208
3A		10/01/02 - 06/30/03							1,887,317	12,645,892	14,533,209		14,533,209
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							506,950	3,197,983	3,704,933	2,365,983	6,070,916
5A		10/01/02 - 06/30/03							2,112,237	9,539,937	11,652,174	6,942,764	18,594,938
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02									8,402	8,402	9,402
6A		10/01/02 - 06/30/03											
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02									6,290	6,290	6,290
7A		10/01/02 - 06/30/03											
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02									9,502	9,502	9,502
8A		10/01/02 - 06/30/03											
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02									6,290	6,290	6,290
10A		10/01/02 - 06/30/03											
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02							506,950	3,204,273	3,711,223	2,365,983	6,077,206
11A		10/01/02 - 06/30/03							2,112,237	9,539,937	11,652,174	6,942,764	18,594,938
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02								5,510	5,510	4,139	9,649
12A		10/01/02 - 06/30/03							3,760	27,327	31,087	16,464	47,552
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02								4,489	4,489	9,696	14,185
13A		10/01/02 - 06/30/03							4,721	26,135	30,856	36,178	67,034
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02								6,231	6,231		6,231
14A		10/01/02 - 06/30/03							4,253	30,906	35,159		35,159
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02								4,489	4,489	4,139	8,628
16A		10/01/02 - 06/30/03							4,721	26,135	30,856	16,464	47,320
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02							506,950	3,208,762	3,715,711	2,370,122	6,085,833
21A	(Excludes Refugees)	10/01/02 - 06/30/03							2,116,957	9,556,072	11,683,029	6,959,228	18,642,258
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02										446	446
23A		10/01/02 - 06/30/03								3,569	3,569	1,662	5,230
24	Healthy Families SMA	07/01/02 - 09/30/02										912	912
24A		10/01/02 - 06/30/03								3,686	3,686	3,701	7,386
25	Healthy Families P. C.	07/01/02 - 09/30/02											
25A		10/01/02 - 06/30/03								4,036	4,036		4,036
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim.	07/01/02 - 09/30/02										446	446
27A		10/01/02 - 06/30/03								3,686	3,686	1,662	5,347
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02							186	4,565	4,751		4,751
28A		10/01/02 - 06/30/03							444	13,428	13,872		13,872
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)		315,331	1,236,651	533,250	2,085,232							
33	Medi-Cal Eligibility Factor (Average)			44.21%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02	315,331	546,723	235,750	1,097,804			506,764	3,204,197	3,710,960	2,370,122	6,081,082
35A		10/01/02 - 06/30/03							2,116,513	9,552,644	11,669,157	6,959,228	18,628,386
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02										446	446
37A		10/01/02 - 06/30/03										1,662	5,347
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40													
40A	Healthy Families	07/01/02 - 09/30/02											
		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %

MH 1978 (10/04)

Fiscal Year 2002-2003

County: SAN DIEGO COUNTY

County Code: 37

Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH

Legal Entity Number: 00037		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
	Mode						
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services	506,764	2,111,793	260,477	1,088,689		
4	15 - Outpatient (Program 1)	3,199,708	9,526,509	1,644,650	4,904,949		
5	15 - Outpatient (Program 2)	2,365,983	6,942,764	1,216,115	3,471,759		
6	Totals	6,072,455	18,581,066	3,121,242	9,465,397		
7	Totals from MH1979	6,072,455	18,581,066	3,121,242	9,465,397		
8	Effective SD/MC FFP %					51.40%	50.94%

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (10/04)

Fiscal Year 2002-2003

County: SAN DIEGO COUNTY County Code: 37						FFP % Source: MH1978 E8	FFP % Source: MH1978 F8									
Legal Entity: SAN DIEGO COUNTY MENTAL HEALTH						A	B	C	D	E	F	G	H	I	J	
Legal Entity Number: 00037						Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	51.40% FFP	50.94% FFP	Variable % FFP	75% FFP	Total FFP	
	SD/MC Administrative Reimbursement (County Only)															
1	County SD/MC Direct Service Gross Reimbursement							24,728,091	24,728,091							
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement						19,122,751	48,164,329	67,287,080							
3	Total Medi-Cal Direct Service Gross Reimbursement								92,015,171							
4	Medi-Cal Administrative Reimbursement Limit								13,802,276							
5	Medi-Cal Administration								8,489,057							
6	Medi-Cal Administrative Reimbursement								8,489,057	4,244,529					4,244,529	
	Healthy Families Administrative Reimbursement (County Only)															
7	County Healthy Families Direct Service Gross Reimbursement							18,013	18,013							
8	Healthy Families Administrative Reimbursement Limit								1,801							
9	Healthy Families Administration								5,697							
10	Healthy Families Administrative Reimbursement								1,801				1,175		1,175	
	SD/MC Net Reimbursement for MAA															
11	Medi-Cal Admin. Activities Svc Functions 01 - 09					315,331			315,331	157,666					157,666	
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39					546,723			546,723	273,362					273,362	
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)					235,750			235,750					176,812	176,812	
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)								272,840					204,630	204,630	
15	Other SD/MC Utilization Review (County Only)								2,176,496	1,088,248					1,088,248	
16	SD/MC Net Reimbursement for Direct Services					07/01/02 - 09/30/02		6,072,455	6,072,455		3,121,242				3,121,242	
16A						10/01/02 - 06/30/03		18,581,066	18,581,066			9,465,397		9,465,397		
17	Enhanced SD/MC Net Reimb. (Children)					07/01/02 - 09/30/02		8,628	8,628				5,693		5,693	
17A						10/01/02 - 06/30/03		47,320	47,320			30,758		30,758		
18	Enhanced SD/MC Net Reimb. (Refugees)															
19	Total SD/MC Reimbursement Before Excess FFP														18,768,335	
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC															
21	Total SD/MC Reimbursement (FFP)														18,768,335	
22	Contract Limitation Adjustment															
23	Adjusted Total SD/MC Reimbursement (FFP)														18,768,335	
24	Healthy Families Net Reimbursement					07/01/02 - 09/30/02		446	446					294		294
24A						10/01/02 - 06/30/03		5,347	5,347				3,476		3,476	
25	Total Healthy Families Reimbursement Before Excess FFP														4,945	
26	Amount Negotiated Rates Exceed Costs - Healthy Families															
27	Total Healthy Families Reimbursement														4,945	



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Audits – Bay & Central Region
1515 Clay Street, Suite 1109
Oakland, CA 94612
Phone: (510) 622-2584, Fax: (510) 622-2585

December 21, 2007

Marshall Langfeld, Chief Financial Officer
Telecare Corporation
1080 Marina Village Parkway, Suite 100
Alameda, CA 94501

Dear Mr. Langfeld:

Enclosed is a copy of our audit report of your 2002-03 Fiscal Year operation concerning the Short-Doyle/Medi-Cal pursuant with your contract with San Diego County.

If you disagree with the results, your concerns should be directed to the County.

Sincerely,

SHIRLEY CASTANEDA, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

SHORT-DOYLE MEDI-CAL PROGRAM AUDIT REPORT

**San Diego County
Behavioral Health Services**

TELECARE CORPORATION

Fiscal Period Ended
June 30, 2003



State of California
Department of Mental Health
Division of Program Compliance
Audits Section



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

Audits – Bay & Central Region
1515 Clay Street, Suite 1109, Oakland, CA 94612
(510) 622-2288, FAX (510) 622-2585

December 21, 2007

Alfredo Aguirre, LCSW, Director
San Diego County Behavioral Health Services
P.O. Box 85524, Mail Stop P-531C
San Diego, CA 92186-5524

Dear Mr. Aguirre:

AUDIT REPORT – TELECARE CORPORATION

We have examined the Short-Doyle/Medi-Cal Cost Report and Data Collection (CR/DC) report of Telecare Corporation for the fiscal period July 1, 2002 through June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures, as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Federal Short-Doyle/Medi-Cal Net Program Costs (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Short-Doyle/Medi-Cal Program Cost As Reported (FFP)	\$ 1,682,565
Net Short-Doyle/Medi-Cal Program Cost As Audited (FFP)	<u>1,623,832</u>
Overstatement of Net Program Cost (FFP)	<u>\$ 58,733</u>

If you disagree with any of the results of this audit, you may request an informal conference. This request must be in writing and be received by the Department of Health Services within sixty (60) calendar days following the date of receipt of the overall County Community Mental Health Services report.

Alfredo Aguirre, LCSW, Director
December 21, 2007
Page 2

Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, CA 95814 and should be in conformance with the provisions of Sections 51016 and sequence, Title 22 of the California Code of Regulations.

Sincerely,

Shirley Castaneda for
WALTER J. HILL, JR., MBA, EA
Chief of Audits

Shirley Castaneda
SHIRLEY CASTANEDA, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

SAN DIEGO
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME:
LEGAL ENTITY NUMBER:

		<u>As Settled</u>	<u>Audit</u> <u>Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COST</u>				
FEDERAL FFP	(Sch. 2)	\$ 1,682,565	\$ (58,733)	\$ 1,623,832
HEALTHY FAMILIES - FFP	(Sch. 2)	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL- FFP		<u>\$ 1,682,565</u>	<u>\$ (58,733)</u>	<u>\$ 1,623,832</u>

TELECARE CORPORATION
SAN DIEGO COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003

		Audit		
		As Settled	Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC	(MH 1968, Ln 11, 11A)	3,335,005	(181,437)	3,153,568
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Family Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 3,335,005</u>	<u>\$ (181,437)</u>	<u>\$ 3,153,568</u>
<u>Less: Patient & Other Payer Revenues</u>				
10. Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC	(MH 1968, Ln 28, 28A)	0	0	0
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Family Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Medi-Cal Net Reimbursement for Direct Services</u>				
19. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 11,13)	3,335,005	(181,437)	3,153,568
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Family-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Family-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 3,335,005</u>	<u>\$ (181,437)</u>	<u>\$ 3,153,568</u>
<u>Medi-Cal MAA Reimbursement</u>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Amount Negotiated Rates Exceed Cost</u>				
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
30. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
31. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
32. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Net Reimbursable Cost - FFP</u>				
36. Direct Services	(MH1979, Ln 16, 16A)	\$ 1,682,565	\$ (58,733)	\$ 1,623,832
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)	0	0	0
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)	0	0	0
39. MAA	MH 1979, Ln 11, 12)	0	0	0
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)	0	0	0
41. Healthy Families Reimbursement	(MH1979, Ln 27)	0	0	0
42. Total - FFP		<u>\$ 1,682,565</u>	<u>\$ (58,733)</u>	<u>\$ 1,623,832</u>
Contract Maximum		<u>\$ 5,682,542</u>	<u>\$ 0</u>	<u>\$ 5,682,542</u>
Lower of Net Reimbursable Cost or Contract Maximum		<u>\$ 1,682,565</u>	<u>\$ (58,733)</u>	<u>\$ 1,623,832</u>
				(To Sch.1)

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended		
TELECARE CORPORATION				00108	28	June 30, 2003		
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.					
				<u>ADJUSTMENTS TO REPORTED COSTS</u>				
1	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To include telephone system reported expenses in the Managed Care program and to agree with the provider's records. CMS PUB. 15-1, SEC 2304		** \$ 13,093,606	\$ 16,000	\$ 13,109,606 *
2	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To include telephone system administrative reported expenses in the Managed Care program and to agree with the provider's records. CMS PUB. 15-1, SEC 2304		** \$ 13,109,606	\$ 2,560	13,112,166 *
3	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To eliminate reported telephone system expense that should be capitalized in the Managed Care program. CMS PUB. 15-1, SEC 108		** \$ 13,112,166	\$ (16,000)	\$ 13,096,166 *
4	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To eliminate reported telephone system operating income reported as administrative expenses from the Managed Care program. CMS PUB. 15-1, SEC 2102.3		** \$ 13,096,166	\$ (2,560)	13,093,606 *
				* Balance carried forward to subsequent adjustment.				
				** Balance brought forward from prior adjustment.				

AUDIT ADJUSTMENTS

Provider TELECARE CORPORATION				Provider Number 00108	No. of Adj. 28	Fiscal Period Ended June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
5	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To exclude Cresta Loma program operating income reported as administrative expenses. CMS PUB. 15-1, SEC 2102.3	** \$ 13,093,606	\$ (310,314)	\$ 12,783,292 *
6	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To exclude Choices program operating income reported as administrative expenses. CMS PUB. 15-1, SEC 2102.3	** \$ 12,783,292	\$ (237,100)	\$ 12,546,192 *
7	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To exclude Managed Care program operating income reported as administrative expenses. CMS PUB. 15-1, SEC 2102.3	** \$ 12,546,192	\$ (48,242)	\$ 12,497,950 *
8	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To exclude Reach program operating income reported as administrative expenses. CMS PUB. 15-1, SEC 2102.3	** \$ 12,497,950	\$ (31,901)	\$ 12,466,049 *
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider					Provider Number	No. of Adj.	Fiscal Period Ended	
TELECARE CORPORATION					00108	28	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.					
<u>ADJUSTMENTS TO REPORTED COSTS</u>								
9	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To exclude ACT program operating income reported as administrative expenses. CMS PUB. 15-1, SEC 2102.3	** \$ 12,466,049	\$ (24,426)	\$ 12,441,623 *	
10	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To reflect adjustments 1 through 9. CMS PUB. 15-1, SEC 2304	\$ 13,093,606	\$ (651,983)	\$ 12,441,623	
11	MH 1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA) To adjust Direct Services in conjunction with audit adjustment numbers 1 through 10. CMS PUB. 15-1, SEC 2304	\$ 13,093,606	\$ (651,983)	\$ 12,441,623	
* Balance carried forward to subsequent adjustment.								
** Balance brought forward from prior adjustments.								

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
TELECARE CORPORATION				00108	28	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
12	MH 1964	3	A	OTHER 24 HOURS SERVICES (MODE 05-ALL OTHER SFC) To reflect adjustments 5 and 6. CMS PUB. 15-1, SEC 2304	\$ 9,221,582	\$ (547,414)	\$ 8,674,168
13	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15) To reflect adjustments 7 through 9. CMS PUB. 15-1, SEC 2304	\$ 3,549,664	\$ (186,848)	\$ 3,362,816
14	MH 1964	7	A	SUPPORT SERVICES (MODE 60) To include SHIA Rollover program as support service cost. CMS PUB. 15-1, SEC 2304	\$ 0	\$ 82,279	\$ 82,279
15	MH 1964	3	A	OTHER 24 HOURS SERVICES (MODE 05-ALL OTHER SFC)	\$ 9,221,582	\$ (547,414)	\$ 8,674,168
16	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15)	3,549,664	(186,848)	3,362,816
Info	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	322,360	0	322,360
17	MH 1964	7	A	SUPPORT SERVICES (MODE 60)	0	82,279	82,279
				TOTAL	\$ <u>13,093,606</u>	\$ <u>(651,983)</u>	\$ <u>12,441,623</u>
				To reflect adjustment 12 through 14. CMS PUB. 15-1, SEC 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
TELECARE CORPORATION				00108	28	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u>			
18	MH 1970	1 to 4	A	TOTAL MEDI-CAL UNITS 51.40%	713,943	(193,987)	519,956 *
19	MH 1970	1 to 4	B	TOTAL MEDI-CAL UNITS 50.00%	1,468,446	(387,638)	1,080,808 *
20	MH 1970	1 to 4	C	TOTAL MEDI-CAL UNITS 54.35%	0	578,625	578,625 *
				To adjust Medi-Cal units to agree with the State Department of Mental Health Summary of Approved Claims			
21	MH 1970	1 to 4	A	TOTAL MEDI-CAL UNITS 51.40% **	519,956	(55)	519,901 *
22	MH 1970	1 to 4	B	TOTAL MEDI-CAL UNITS 50.00% **	1,080,808	25	1,080,833 *
23	MH 1970	1 to 4	C	TOTAL MEDI-CAL UNITS 54.35% **	578,625	28	578,653 *
				To adjust Medi-Cal units to agree with the County records.			
24	MH 1970	1 to 4	A	TOTAL MEDI-CAL UNITS 51.40% **	519,901	0	519,901
25	MH 1970	1 to 4	B	TOTAL MEDI-CAL UNITS 50.00% **	1,080,833	(435)	1,080,398
26	MH 1970	1 to 4	C	TOTAL MEDI-CAL UNITS 54.35% **	578,653	0	578,653
				To adjust Medi-Cal units to the lesser of the State Department of Mental Health Summary of Approved Claims report or the County records.			
				CMS PUB. 15-1, SEC 2304			
				<u>DETERMINATION OF SD/MC FFP %</u>			
27	MH 1978	8	F	EFFECTIVE SD/MC FFP%	50.00%	1.52%	51.52%
				To adjust FFP Ratio to reflect adjustments 18 through 26.			
				CMS PUB. 15-1, SEC 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
TELECARE CORPORATION				00108	28	June 30, 2003	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
28	MH 1979	21	J	<p><u>TOTAL TO REPORTED SD/MC SETTLEMENT</u></p> <p>TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY</p> <p>To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.</p>	\$ \$ 1,682,565	\$ (58,733)	\$ 1,623,832

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (10/04)

Fiscal Year 2002-2003

County: SAN DIEGO

County Code: 37

Legal Entity: TELECARE CORPORATION		A	B	C
Legal Entity Number: 00108		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	7,595,395	5,498,211	13,093,606
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	7,595,395	5,498,211	13,093,606
6	Medi-Cal Adjustments from MH 1961			(651,983)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			12,441,623
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			12,441,623
19	Total Costs - Lines 9 through 18			12,441,623

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: SAN DIEGO
County Code: 37

Legal Entity: TELECARE CORPORATION		A	B	C
Legal Entity Number: 00108		Salaries and Benefits	Other	Total Adjustments
1	To include telephone system expense.		16,000	16,000
2	To include telephone system administrative expense		2,560	2,560
3	To exclude telephone system expense		(16,000)	(16,000)
4	To exclude telephone system administrative income		(2,560)	(2,560)
5	To exclude Managed Care operating income		(48,242)	(48,242)
6	To exclude Choices operating income.		(237,100)	(237,100)
7	To exclude Cresta Loma operating income.		(310,314)	(310,314)
8	To exclude Reach operating income.		(31,901)	(31,901)
9	To exclude Act operating income.		(24,426)	(24,426)
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(651,983)	(651,983)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: SAN DIEGO
County Code: 37

Legal Entity: TELECARE CORPORATION		A
Legal Entity Number: 00108		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	12,441,623
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	8,674,167
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	3,362,817
6	Outreach Services (Mode 45)	322,360
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	82,279
9	Total - Lines 2 through 8	12,441,623

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SAN DIEGO
County Code: 37

County Code: 37			CR		CR		CR		
Legal Entity: TELECARE CORPORATION			A	B	C	D	E	F	G
Legal Entity Number: 00108			Mode Total	Service	Service	Service	Service	Service	Service
Mode: 05 - Other 24 Hour Services (All Other SFC)				Function	Function	Function	Function	Function	Function
				36	90	65			
1	Allocation Percentage		100.00%	56.24%	6.13%	37.62%			
2	Total Units			27,995	21,978	4,432			
3	Gross Cost		8,674,167	4,878,766	531,797	3,263,604			
4	Cost per Unit			174.27	24.20	736.37			
5	SMA per Unit					130.33			
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8									
8A	Medi-Cal Units	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
9									
9A	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
10									
10A	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11									
11A	Healthy Families (SED) Units	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			27,995	21,978	4,432			
13									
13A	Medi-Cal Costs	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
14									
14A	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
15									
15A	Medi-Cal Published Charges	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
16									
16A	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
17									
17A	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
18									
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
19									
19A	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
20									
20A	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
21									
21A	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
22									
22A	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
23									
23A	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
24									
24A	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
25									
25A	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03							
26									
26A	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27									
27A	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28									
28A	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29									
29A	Healthy Families Costs	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
30									
30A	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
31									
31A	Healthy Families Published Charges	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
32									
32A	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs		8,674,167	4,878,766	531,797	3,263,604			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SAN DIEGO
County Code: 37

County Code: 37			CR	CR	CR	CR		
Legal Entity: TELECARE CORPORATION			A	B	C	D	E	F
Legal Entity Number: 00108			Mode Total	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)				Function	Function	Function	Function	Function
				01	10	60	75	
1	Allocation Percentage		100.00%	27.11%	56.06%	13.48%	3.35%	
2	Total Units			815,164	1,305,489	169,189	52,161	
3	Gross Cost		3,362,817	911,704	1,885,292	453,311	112,510	
4	Cost per Unit			1.12	1.44	2.68	2.16	
5	SMA per Unit			1.77	2.28	4.23	3.41	
6	Published Charge per Unit			1.82	2.35	4.36	3.51	
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/02 - 09/30/02		179,540	292,542	35,511	12,308	
8A		10/01/02 - 06/30/03		552,470	942,223	132,151	35,207	
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02						
9A		10/01/02 - 06/30/03						
10	Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02						
10A		10/01/02 - 06/30/03						
10B	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03						
11	Healthy Families (SED) Units	07/01/02 - 09/30/02						
11A		10/01/02 - 06/30/03						
12	Non-Medi-Cal Units			83,154	70,724	1,527	4,646	
13	Medi-Cal Costs	07/01/02 - 09/30/02	744,964	200,803	422,468	95,145	26,548	
13A		10/01/02 - 06/30/03	2,408,604	617,899	1,360,690	354,074	75,941	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	1,176,963	317,786	666,996	150,212	41,970	
14A		10/01/02 - 06/30/03	3,805,195	977,872	2,148,268	558,999	120,056	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02	1,212,266	326,763	687,474	154,828	43,201	
15A		10/01/02 - 06/30/03	3,919,474	1,005,495	2,214,224	576,178	123,577	
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02						
16A		10/01/02 - 06/30/03						
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02						
17A		10/01/02 - 06/30/03						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02						
18A		10/01/02 - 06/30/03						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02						
19A		10/01/02 - 06/30/03						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02						
20A		10/01/02 - 06/30/03						
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02						
21A		10/01/02 - 06/30/03						
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02						
22A		10/01/02 - 06/30/03						
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02						
23A		10/01/02 - 06/30/03						
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02						
24A		10/01/02 - 06/30/03						
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03						
29	Healthy Families Costs	07/01/02 - 09/30/02						
29A		10/01/02 - 06/30/03						
30	Healthy Families SMA Upper Limits	07/01/02 - 09/30/02						
30A		10/01/02 - 06/30/03						
31	Healthy Families Published Charges	07/01/02 - 09/30/02						
31A		10/01/02 - 06/30/03						
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02						
32A		10/01/02 - 06/30/03						
33	Non-Medi-Cal Costs		209,249	93,002	102,134	4,091	10,021	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SAN DIEGO
County Code: 37

CR

Legal Entity: TELECARE CORPORATION		A	B	C	D	E	F	G
Legal Entity Number: 00108		Mode Total	Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach			Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		2,240					
3	Gross Cost	322,360	322,360					
4	Cost per Unit		143.91					
5	Non-Medi-Cal Units		2,240					
6	Non-Medi-Cal Costs	322,360	322,360					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1
Fiscal Year 2002-2003

County: SAN DIEGO
County Code: 37

CR

Legal Entity: TELECARE CORPORATION		A	B	C	D	E	F	G
Legal Entity Number: 00108		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			60					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		1					
3	Gross Cost	82,279	82,279					
4	Cost per Unit		82,279.00					
5	Non-Medi-Cal Units (Same as Line 2)		1					
6	Non-Medi-Cal Costs (Same as Line 3)	82,279	82,279					

Fiscal Year 2002-2003

Legal Entity: TELECARE CORPORATION
Legal Entity Number: 00108

County Code: 37			REIMBURSEMENT TYPE				PC	Costs				Costs	
Legal Entity: TELECARE CORPORATION			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00108			Mode 55 S. F.'s 01-09 S. F.'s 11-19 S. F.'s 21-29			Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1	Medi-Cal Costs	07/01/02 - 09/30/02								744,964	744,964		744,964
1A		10/01/02 - 06/30/03								2,408,604	2,408,604		2,408,604
2	Medi-Cal SMA	07/01/02 - 09/30/02								1,176,963	1,176,963		1,176,963
2A		10/01/02 - 06/30/03								3,805,195	3,805,195		3,805,195
3	Medi-Cal P. C.	07/01/02 - 09/30/02								1,212,266	1,212,266		1,212,266
3A		10/01/02 - 06/30/03								3,919,474	3,919,474		3,919,474
4	Medi-Cal N. R.	07/01/02 - 09/30/02											
4A		10/01/02 - 06/30/03											
5	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								744,964	744,964		744,964
5A		10/01/02 - 06/30/03								2,408,604	2,408,604		2,408,604
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02											
6A		10/01/02 - 06/30/03											
7	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02											
7A		10/01/02 - 06/30/03											
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02											
8A		10/01/02 - 06/30/03											
9	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02											
9A		10/01/02 - 06/30/03											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02											
10A		10/01/02 - 06/30/03											
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02								744,964	744,964		744,964
11A		10/01/02 - 06/30/03								2,408,604	2,408,604		2,408,604
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02											
12A		10/01/02 - 06/30/03											
13	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02											
13A		10/01/02 - 06/30/03											
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
14A		10/01/02 - 06/30/03											
15	Enhanced SD/MC (Children) N. R.	07/01/02 - 09/30/02											
15A		10/01/02 - 06/30/03											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/02 - 09/30/02											
16A		10/01/02 - 06/30/03											
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03											
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03											
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								744,964	744,964		744,964
21A	(Excludes Refugees)	10/01/02 - 06/30/03								2,408,604	2,408,604		2,408,604
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03											
23	Healthy Families Cost	07/01/02 - 09/30/02											
23A		10/01/02 - 06/30/03											
24	Healthy Families SMA	07/01/02 - 09/30/02											
24A		10/01/02 - 06/30/03											
25	Healthy Families P. C.	07/01/02 - 09/30/02											
25A		10/01/02 - 06/30/03											
26	Healthy Families N. R.	07/01/02 - 09/30/02											
26A		10/01/02 - 06/30/03											
27	Healthy Families Gross Reim	07/01/02 - 09/30/02											
27A		10/01/02 - 06/30/03											
28	Less: Patient and Other Payor Revenues												
28A	SD/MC + Crossover Revenues	07/01/02 - 09/30/02											
28A		10/01/02 - 06/30/03											
29	Enhanced SD/MC (Children) Revenues												
30	Enhanced SD/MC (Refugees) Revenues												
31	Healthy Families Revenues												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02								744,964	744,964		744,964
35A		10/01/02 - 06/30/03								2,408,604	2,408,604		2,408,604
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/02 - 09/30/02											
37A		10/01/02 - 06/30/03											
38	Amount Negotiated Rates Exceed Costs												
38A	SD/MC (Includes Children)	07/01/02 - 09/30/02											
38A		10/01/02 - 06/30/03											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/02 - 09/30/02											
40A		10/01/02 - 06/30/03											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP %
MH 1978 (10/04)

Fiscal Year 2002-2003

County: SAN DIEGO
County Code: 37

Legal Entity: TELECARE CORPORATION

Legal Entity Number: 00108		A	B	C	D	E	F
Data Type		Net Direct Costs (Gross Reim. Costs - Revenue)		FFP Dollars		Effective FFP%	
Source		MH1970s		MH1970s		Calculated	
		Column N	Column Q	Column R	Column U		
Formula						(C6 / A6)	(D6 / B6)
Period		1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period
		07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03	07/01/02 - 09/30/02	10/01/02 - 06/30/03
	Mode						
1	05 - Hospital Inpatient (SFC 10-19)						
2	05 - Other 24 Hour Services (All Other SFC)						
3	10 - Day Services						
4	15 - Outpatient (Program 1)	744,964	2,408,604	382,912	1,240,920		
5	15 - Outpatient (Program 2)						
6	Totals	744,964	2,408,604	382,912	1,240,920		
7	Totals from MH1979	744,964	2,408,604	382,912	1,240,920		
8	Effective SD/MC FFP %					51.40%	51.52%

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

FFP % Source: MH1978 E8	FFP % Source: MH1978 F8
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SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED: JUNE 30, 2003

PROVIDER NAME: TELECARE CORPORATION
PROVIDER NUMBER: 00108

**FINDING 1: INCLUSION OF PROFIT MARGIN AS ADMINISTRATIVE
INDIRECT EXPENSE**

Our examination of the Telecare Corporation Short Doyle – Medi-Cal Cost Reports submitted to San Diego County disclosed that Telecare reported unallowable expense for three (3) of five (5) different programs offered by Telecare in San Diego County. These expenses were identified as “profit margin” costs of \$651,983. Per contractor staff “Profit margin is the difference between the contracts budgeted indirect costs and the Medi-Cal allowable indirect costs.” The contractor identified \$1,167,797 total indirect costs per Income Statement. This amount was accepted as filed.

Telecare’s Short Doyle - Medi-Cal Cost Report prepared by the County included profit margins of \$24,426, \$77,334, and \$48,242, for Act Program, Reach 2034 Program, and the Managed Care Program respectively. Telecare properly identified these costs as unallowable per the requirements of the Short Doyle - Medi-Cal Cost Report. In addition, Telecare included the budgeted profit amount of \$77,334 for the AB 2034 Program instead of the actual amount of \$31,901. All of the programs are Mode 15 and have Medi-Cal units associated with the programs. Telecare did not report unallowable profit margins expense of \$237,100 and \$310,314 for programs Choices and Cresta Loma respectively. These programs are Mode 5 and are not Medi-Cal certified and no Medi-Cal units were associated with the programs.

Telecare’s Short Doyle – Medi-Cal Cost Report prepared by the County included total profit margin of <\$651,983>, which was claimed as administrative indirect expense. An adjustment was made to eliminate all reported profit margins.

AUDIT AUTHORITY

Center for Medicare and Medicaid Services (CMS) Pub.15-1, Sections 2102.3 and 2304; Title 9, Section 640

RECOMMENDATION

We recommend that Telecare Corporation use due care to identify all profit margins in all programs and not include them as an indirect cost expense. We also recommend that San Diego County submit actual cost submitted to them by their contractors.

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED: JUNE 30, 2003

PROVIDER NAME: TELECARE CORPORATION
PROVIDER NUMBER: 00108

AUDITEE'S RESPONSE

Operating Income for ACT, REACH AB 2034, and Managed Care outpatient programs – Provision for a limited level of operating income or profit is clearly included in the approved budget in the contract between Telecare and San Diego County. The correct amounts for operating income or profit for these programs are \$24,426, \$31,901, and 48,242, for a total of \$104,569. These three programs are not solely reimbursed by the Medi-Cal program or solely under Medi-Cal reimbursement rules. The Auditor does not identify any basis for applying Medi-Cal rules to disallow these costs and absent citation to governing authority, disallowances should not be made. Rather these three programs are eligible for reimbursement by State or County funds and the items not eligible for reimbursement under Medi-Cal should be reported on the State Cost Report in Mode 60, Service Function Code (SFC) 78. We recommend that the County request that steps be taken to make this adjustment to the State cost report.

If the Auditors do not feel that Mode 60 is the appropriate place to include operating income in the State Cost Report, then we request that they indicate an alternative since this is an element of reimbursement that is contractually required.

Operating Income for CHOICES and Cresta Loma inpatient programs – The Cresta Loma inpatient program includes clients from San Diego county and clients from other payers, such as Veterans Administration or private payers. The County Cost Report format includes provision for reporting costs and units of the service of clients from these other payers. However, it is our understanding that these costs and units of service should not be included on the State Cost Report. Therefore, costs, revenues, and profit related to other payers should be removed from the State Cost Report.

Consistent with the outpatient programs, operating income amounts that are consistent with the approved contract budgets and attributable to San Diego County clients should be moved to Mode 60, SFC 78.

General Comments – We recommend that:

- The County Cost Report should include a clear indication of the State Modes and Service Function Codes to which the County wants costs to be assigned;
- County permit contractors to review and comment on the State Cost Report for their legal entity before it is submitted to the State.

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED: JUNE 30, 2003

PROVIDER NAME: TELECARE CORPORATION
PROVIDER NUMBER: 00108

FINDING 2: EXPENSING OF CAPITAL ASSETS WITH A VALUE GREATER THAN \$5,000

Our examination of the Telecare Corporation Short Doyle – Medi-Cal Cost Report submitted by San Diego County on behalf of the Contractor disclosed that Telecare included on their records fixed asset expense of \$16,000. However, this amount was excluded on the cost report.

During the audit process it was determined that the \$16,000 was actually for a new telephone system for the San Diego Managed Care program. Telecare Corporation stated that it was at the end of the fiscal year and there was extra money left unspent for the program. Telecare had asked San Diego County if they could purchase a new telephone system. San Diego County approved the purchase of the telephone system and instructed them to write it off completely. Further review disclosed that the telephone system was purchased in June 30, 2003. The County's treatment was not in accordance with Telecare's fixed asset capitalization policy.

Telecare's capitalization policy states: "Capital items with an individual purchase price of \$1,000 or more and an estimated life expectancy of more than three years will be capitalized assets of Telecare, unless superseded by Contract provisions...."

San Diego County's contract with Telecare under Section one (1) Contract Budget, subsection 1.2.4 states, "All Fixed Assets expenses must be budgeted on Schedule II and no line item budget may be exceeded without prior County approval. Purchase of any item not currently budgeted requires prior County approval. Fixed assets include all non-expendable property with a value of \$5,000 or more and a normal life expectancy of more than one year".

An adjustment was made to include the \$16,000 fixed asset cost to agree with Telecare's records. However, in accordance with Telecare's fixed asset capitalization policy, this amount should have been depreciated over the useful life of the asset.

AUDIT AUTHORITY

Center for Medicare and Medicaid Services (CMS) Pub.15-1, Section 108 & 2304

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED: JUNE 30, 2003

PROVIDER NAME: TELECARE CORPORATION
PROVIDER NUMBER: 00108

RECOMMENDATION

We recommend that Telecare follow their fixed asset capitalization policy guidelines of expensing assets. The Department follows the Medi-Cal reimbursement guidelines of capitalizing assets over \$5,000 or the provider's guidelines whichever amount is lower. In addition, Medi-Cal recognizes the American Hospital Association (AHA) asset guidelines which provide estimated useful life of assets.

AUDITEE'S RESPONSE

We agree with the auditor recommendation that the fixed asset costs claimed to Medi-Cal in Mode 15 must be on the basis of depreciation. Since the asset was not purchased prior to June 30 (even though the invoice was dated June 30, 2003, delivery was not made until August), the cost should be included in the Cost Report for the following fiscal year in Mode 60, SFC 78, so that it is excluded from the costs claimed for Medi-Cal reimbursement but is claimed for reimbursement by State or county funds.